

EXHIBIT F



JASPER SCHLESINGER
Attorneys at Law LLP

FILE COPY

Hale Yazicioglu
Associate
516-393-8203
hyazicioglu@jaspanllp.com

300 GARDEN CITY PLAZA • GARDEN CITY, NEW YORK 11530
TELEPHONE 516.746.8000 • FAX 516.393.8282
www.jaspanllp.com

DELAWARE OFFICE
913 North Market Street
Wilmington, DE 19801
Telephone 302.351.8000
Fax 302.351.8010

August 24, 2009

Via Federal Express and e-mail (cthorpe@bakerlaw.com)

Courtni E. Thorpe, Esq.
Baker & Hostetler LLP
3200 National City Center
1900 East 9th Street
Cleveland, Ohio 44114-3485

Re: Hardship Program Application
Sylvia M. Samuels, BLMIS Account No. 1-S-0494

Dear Ms. Thorpe:

I received your latest email from August 20, 2009 in response to my requests for an update on the application of Sylvia Samuels to the Trustee's Hardship Program.

Annexed to this letters are documents which establish that Ms. Samuels' initial account with Bernard L. Madoff Investment Securities LLC ("BLMIS") under account number 1S0188 was an account managed and traded only by Mr. Martin Joel through the legitimate business side of BLMIS until 2003. In 2003, Mr. Bernard Madoff, after the death of Mr. Joel, liquidated her account together with the rest of her families' accounts and transferred the remaining funds into his custody and control.

The individual tax returns of Ms. Samuels prior to the liquidation of her account by Mr. Madoff in 2003 have no indicia of a Ponzi scheme account and have every indicia of an account that was traded by Mr. Martin Joel through the legitimate business side of BLMIS. Annexed for your review are the following:

- A. Copy of Ms. Samuels' 1996 Tax Return and a copy of her December 31, 1996 account statement for account number 1-S0188;
- B. Copy of Ms. Samuels' 1997 Tax Return and a copy of her December 31, 1997 account statement for account number 1-S0188;
- C. Copy of Ms. Samuels' 1998 Tax Return and a copy of her December 31, 1998 account statement for account number 1-S0188;
- D. Copy of Ms. Samuels' 1999 Tax Return and a copy of her December 31, 1999 account statement for account number 1-S0188; and
- E. Copy of Ms. Samuels' 2000 Tax Return and a copy of her December 31, 2000 account statement for account number 1-S0188.

JASPAN SCHLESINGER LLP
ATTORNEYS AT LAW

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To contrast Mr. Joel's trading of Ms. Samuels' account with that of Mr. Madoff's trading, we have also annexed the following documents for your review:

- F. Copy of Ms. Samuels' 2003 Tax Return and a copy of her December 31, 2003 account statement for account number 1-S0494;
- G. Copy of Ms. Samuels' 2004 Tax Return and a copy of her December 31, 2004 account statement for account number 1-S0494;
- H. Copy of Ms. Samuels' 2005 Tax Return and a copy of her December 31, 2005 account statement for account number 1-S0494; and
- I. Copy of Ms. Samuels' 2006 Tax Return and a copy of her December 31, 2006 account statement for account number 1-S0494.

Any reasonable analysis shows that Ms. Samuels was earning dividend and income as a result of securities purchased by Mr. Joel through the legitimate business side of BLMIS. Accordingly, Ms. Samuels' account was therefore not involved with Mr. Madoff's Ponzi scheme until, at the earliest, November 2003 when her initial account with BLMIS was liquidated and the money was transferred into Mr. Madoff's custody and control and her account does not, as you previously indicated, have withdrawals that exceed her total cash deposits.

Ms. Samuels is entitled to receive the full amount of her claim from SIPC on an expedited basis. Please contact us if you have any further questions.

Thank you for your consideration.

Very truly yours,

Hale Yazicioglu

Enclosures

cc: Sylvia M. Samuels (via regular mail and without enclosures)
Howard Samuels (via regular mail and without enclosures)

Exhibit A

1040		Department of the Treasury - Internal Revenue Service		1996		(99) IRS Use Only - Do not write or staple in this space.		
Label		For the year Jan. 1 - Dec. 31, 1996, or other tax year beginning		1996, ending		OMB No. 1545-0074		
(See page 11.)	Use the IRS label. Otherwise, please print or type.	Your first name and initial		Last name		Your social security number		
		SYLVIA M SAMUELS						
		If a joint return, spouse's first name and initial		Last name		Spouse's social security number		
Home address (number and street). If you have a P.O. box, see page 11.		Apt. no.		For help finding line instructions, see pages 2 and 3 in the booklet.				
600 PINE HOLLOW ROAD		14-5A						
City, town or post office, state, and ZIP code. If you have a foreign address, see page 11.		EAST NORWICH, NY 11732		Yes		No		
Presidential Election Campaign		Do you want \$3 to go to this fund?				X		
(See page 11.)		If a joint return, does your spouse want \$3 to go to this fund?						
Filing Status	1	X Single						
	2	Married filing joint return (even if only one had income)						
	3	Married filing separate return. Enter spouse's soc. sec. no. above & full name here ▶						
	4	Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here ▶						
	5	Qualifying widow(er) with dependent child (year spouse died ▶ 19						
Exemptions	6a	X Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a				No. of boxes checked on lines 6a and 6b		
	b	Spouse				1		
	c	Dependents:		(2) Dependent's social security number. If born in Dec. 1996, see inst.	(3) Dependent's relationship to you	(4) No. of mos. lived in your home in 1996	No. of your children on line 6c who:	
	(1) First Name	Last name					a lived with you	
							b did not live with you due to divorce or separation (see instructions)	
Income	7	Wages, salaries, tips, etc. Attach Form(s) W-2				7	17,486	
	8a	Taxable interest. Attach Schedule B if over \$400				8a	57	
	b	Tax-exempt interest. DO NOT include on line 8a		8b				
	9	Dividend income. Attach Schedule B if over \$400				9	1,312	
	10	Taxable refunds, credits, or offsets of state and local income taxes (see instructions)				10	1,374	
Adjusted Gross Income	11	Alimony received				11		
	12	Business income or (loss). Attach Schedule C or C-EZ				12		
	13	Capital gain or (loss). If required, attach Schedule D				13	-3,000	
	14	Other gains or (losses). Attach Form 4797				14		
	15a	Total IRA distributions		15a		b Taxable amount (see inst.)	15b	
	16a	Total pensions and annuities		16a		b Taxable amount (see inst.)	16b	2,273
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E				17		
	18	Farm income or (loss). Attach Schedule F				18		
	19	Unemployment compensation				19		
	20a	Social security benefits		20a		b Taxable amount (see inst.)	20b	
Adjusted Gross Income	21	Other income				21		
	22	Add the amounts in the far right column for lines 7 through 21. This is your total income				22	19,502	
	23a	Your IRA deduction (see instructions)		23a				
	b	Spouse's IRA deduction (see instructions)		23b				
	24	Moving expenses. Attach Form 3903 or 3903-F				24		
	25	One-half of self-employment tax. Attach Schedule SE				25		
	26	Self-employed health insurance deduction (see inst.)				26		
	27	Keogh & self-employed SEP plans. If SEP, check ▶ <input type="checkbox"/>				27		
	28	Penalty on early withdrawal of savings				28		
	29	Alimony paid. Recipient's SSN ▶				29		
Adjusted Gross Income	30	Add lines 23a through 29				30	0	
	31	Subtract line 30 from line 22. This is your adjusted gross income				31	19,502	

Form 1040 (1996) SYLVIA M SAMUELS

Page 2

Tax Computation

32	Amount from line 31 (adjusted gross income).....	32	19,502
33	a Check if: <input checked="" type="checkbox"/> You were 65 or older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here.....	33a	1
	b If you are married filing separately and your spouse itemizes deductions or you were a dual-status alien, see instructions and check here.....	33b	<input type="checkbox"/>
34	Enter the larger of: Itemized deductions from Schedule A, line 28, OR Standard deduction shown below for your filing status. But see the instructions if you checked any box on line 33a or b or someone can claim you as a dependent. • Single - \$4,000 • Married filing jointly or Qualifying widow(er) - \$6,700 • Head of household - \$5,900 • Married filing separately - \$3,350	34	5,000
35	Subtract line 34 from line 32.....	35	14,502
36	If line 32 is \$88,475 or less, multiply \$2,550 by the total number of exemptions claimed on line 6d. If line 32 is over \$88,475, see the worksheet in the inst. for the amount to enter.....	36	2,550
37	Taxable income. Subtract line 36 from line 35. If line 36 is more than line 35, enter -0-	37	11,952
38	Tax. See instructions. Check if total includes any tax from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972.....	38	1,796

If you want the IRS to figure your tax, see the instructions for line 37.

Credits

39	Credit for child and dependent care expenses. Att. Form 2441.....	39	
40	Credit for the elderly or the disabled. Attach Schedule R.....	40	
41	Foreign tax credit. Attach Form 1116.....	41	
42	Other. Check if from a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify).....	42	
43	Add lines 39 through 42.....	43	
44	Subtract line 43 from line 38. If line 43 is more than line 38, enter -0-.....	44	1,796

Other Taxes

45	Self-employment tax. Att. Sch. SE.....	45	
46	Alternative minimum tax. Attach Form 6251.....	46	
47	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137.....	47	
48	Tax on qualified retirement plans, including IRAs. If required, attach Form 5329.....	48	
49	Advance earned income credit payments from Form(s) W-2.....	49	
50	Household employment taxes. Attach Schedule H.....	50	
51	Add lines 44 through 50. This is your total tax.....	51	1,796

Payments

Attach Forms W-2, W-3G, and 1099-R on the front.

52	Federal income tax withheld from Forms W-2 and 1099.....	52	1,483
53	1996 estimated tax payments and amount applied from 1995 return ..	53	
54	Earned income credit. Attach Schedule EIC if you have a qualifying child. Nontaxable earned income: amount ▶ <input type="text"/> and type ▶ No	54	
55	Amount paid with Form 4868 (request for extension).....	55	
56	Excess social security and RRTA tax withheld (see inst.).....	56	
57	Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 ..	57	
58	Add lines 52 through 57. These are your total payments.....	58	1,483

Refund

Have it sent directly to your bank account! See inst. and fill in 80b, c, and d.

59	If line 58 is more than line 51, subtract line 51 from line 58. This is the amount you OVERPAID.....	59	
60a	Amount of line 59 you want REFUNDED TO YOU.....	60a	
	b Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number <input type="text"/>		
61	Amount of line 59 you want APPLIED TO 1997 ESTIMATED TAX.....	61	

Amount You Owe

62	If line 51 is more than line 58, subtract line 58 from line 51. This is the AMOUNT YOU OWE. For details on how to pay and use Form 1040-V, see instructions.....	62	313
63	Estimated tax penalty. Also include on line 62.....	63	

Sign Here

Keep a copy of this return for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	
Your signature	Date
Your occupation TEACHING ASST	
Spouse's signature. If a joint return, BOTH must sign.	Date
Spouse's occupation	

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's social security no.
Firm's name (or yours if self-employed) and address	WPKEM, LLP One Old Country Road Carle Place, NY	EIN	11-3187190
		ZIP code	11514

Schedules A&B (Form 1040) 1996

OMB No. 1545-0074

Page 2

Name(s) shown on Form 1040. Do not enter name and social security number if shown on other side.

Your social security number

SYLVIA M SAMUELS

Schedule B - Interest and Dividend Income

Attachment
Sequence No. **08**

Note: If you had over \$400 in taxable interest income, you must also complete Part III.

Part I Interest Income (See page B-1.)		Amount
1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address ▶ <u>EAB</u> <u>KEY BANK</u>	46 11
2	Add the amounts on line 1.	57
3	Excludable interest on series EE U.S. savings bonds issued after 1989 from Form 8815, line 14. You MUST attach Form 8815 to Form 1040.	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a.	57

Part II Dividend Income (See page B-1.)		Amount
5	List name of payer. Include gross dividends and/or other distributions on stock here. Any capital gain distributions and nontaxable distributions will be deducted on lines 7 and 8. ▶ <u>BERNARD L. MADOFF</u>	1,312
6	Add the amounts on line 5.	1,312
7	Capital gain distributions. Enter here and on Schedule D*.	
8	Nontaxable distributions. (See the inst. for Form 1040, line 9.)	
9	Add lines 7 and 8.	
10	Subtract line 9 from line 6. Enter the result here and on Form 1040, line 9.	1,312

* If you do not need Schedule D to report any other gains or losses, see the instructions for Form 1040, line 13.

Part III Foreign Accounts and Trusts (See page B-1.)		Yes	No
You must complete this part if you (a) had over \$400 of interest or dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.			
11a	At any time during 1996, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See page B-1 for exceptions and filing requirements for Form TD F 90-22.1.		X
b	If "Yes," enter the name of foreign country ▶		
12	During 1996, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," see page B-2 for other forms you may have to file.		X

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

- ▶ Attach to Form 1040. ▶ See instructions for Schedule D (Form 1040).
▶ Use lines 20 and 22 for more space to list transactions for lines 1 and 9.

OMB No. 1545-0074

1996

Attachment
Sequence No. **12**

Name(s) shown on Form 1040

Your social security number

SYLVIA M SAMUELS

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example, 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (See page D-3)	(e) Cost or other basis (see page D-3)	(f) LOSS If (e) is more than (d), subtract (d) from (e)	(g) GAIN If (d) is more than (e), subtract (e) from (d)
IOMEGA	11/08/96	12/04/96	158,000	187,250	29,250	
US SURGICAL SHORT SALE		11/13/96	108,850	108,850		
ORACLE SHORT SALE		10/31/96	138,375	138,375		
2 Enter your short-term totals, if any, from line 21			2	37,800		
3 Total short-term sales price amounts. Add column (d) of lines 1 and 2			3	443,025		
4 Short-term gain from Forms 2119 and 6252, and short-term gain or loss from Forms 4684, 6781, and 8824					4	
5 Net short-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 ..					5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 9 of your 1995 Capital Loss Carryover Worksheet					6	
7 Add lines 1 through 6 in columns (f) and (g)					7	(29,250)
8 Net short-term capital gain or loss. Combine columns (f) and (g) of line 7					8	-29,250

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

10 Enter your long-term totals, if any, from line 23			10		
11 Total long-term sales price amounts. Add column (d) of lines 9 and 10			11		
12 Gain from Form 4797; long-term gain from Forms 2119, 2439, and 6252; and long-term gain or loss from Forms 4684, 6781, and 8824			12		
13 Net long-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 ..			13		
14 Capital gain distributions			14		
15 Long-term capital loss carryover. Enter the amount, if any, from line 14 of your 1995 Capital Loss Carryover Worksheet			15		
16 Add lines 9 through 15 in columns (f) and (g)			16		
17 Net long-term capital gain or (loss). Combine columns (f) and (g) of line 16			17		

Part III Summary of Parts I and II

18 Combine lines 8 and 17. If a loss, go to line 19. If a gain, enter the gain on Form 1040, line 13. Note: If both lines 17 and 18 are gains, see the Capital Gain Tax Worksheet on page 24	18	-29,250
19 If line 18 is a loss, enter here and as a (loss) on Form 1040, line 13, the smaller of these losses: a The loss on line 18; or b (\$3,000) or, if married filing separately, (\$1,500)	19	(-3,000)
Note: See the Capital Loss Carryover Worksheet on page D-3 if the loss on line 18 exceeds the loss on line 19 or if Form 1040, line 35, is a loss.		

Schedule D (Form 1040) 1996

Attachment Sequence No. 12

Page 2

Name(s) shown on Form 1040. Do not enter name and social security number if shown on other side.

Your social security number

SYLVIA M SAMUELS

Part IV Short-Term Capital Gains and Losses - Assets Held One Year or Less (Continuation of Part I)

(a) Description of property (Example, 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-3)	(e) Cost or other basis (see page D-3)	(f) LOSS If (e) is more than (d), subtract (d) from (e)	(g) GAIN If (d) is more than (e), subtract (e) from (d)
NOVELL SHORT SALE		11/08/96	37,800	37,800		
21 Short-term totals. Add columns (d), (f), and (g) of line 20. Enter here and on line 2			21 37,800			

Part V Long-Term Capital Gains and Losses - Assets Held More Than One Year (Continuation of Part II)

23 Long-term totals. Add columns (d), (f), and (g) of line 22. Enter here and on line 10			23			

New York State Department of Taxation and Finance

Resident Income Tax Return

1996

IT-201

New York State • City of New York • City of Yorkers

For the year January 1, 1996 through December 31, 1996, or fiscal tax year beginning _____, 1996 ending _____, 19

For office use only

ATTACH HERE LAUREL PRINTED TYPE	Last name		First name and middle initial (if joint return, enter both names)		✓ Your social security no.	
	SAMUELS, SYLVIA M					
	Mailing address (number and street or rural route)				Apartment number	
	600 PINE HOLLOW ROAD				14-5A	
	City, village or post office				State ZIP code	
	EAST NORWICH, NY 11732				New York State county of residence	
				School district name		
				• OYSTER BAY		
Permanent home address (number and street or rural route)				Apartment number		School district code number
						476
City, village or post office				State		ZIP code
NY						
If taxpayer is deceased, enter first name and date of death.						

(A) Filing status -

mark an "X" in one box:

- (1) ☒ Single
- (2) Married filing joint return
(enter spouse's social security number above)
- (3) Married filing separate return
(enter spouse's social security number above)
- (4) Head of household (with qualifying person)

(B) Did you itemize your deductions on your 1996 federal income tax return? ☐ Yes ☒ No(C) Can you be claimed as a dependent on another taxpayer's federal return? ☐ Yes ☒ No(D) If you do not need forms mailed to you next year, mark an "X" in the box (see instructions) ☒ X(E) Enter the number of exemptions claimed from your federal return, line 8d **Federal Income and Adjustments**

- 1 Wages, salaries, tips, etc.
- 2 Taxable interest income
- 3 Dividend income
- 4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 23 below)
- 5 Alimony received
- 6 Business income or loss (attach copy of federal Schedule C or C-EZ, Form 1040)
- 7 Capital gain or loss (if required, attach copy of federal Schedule D, Form 1040)
- 8 Other gains or losses (attach copy of federal Form 4797)
- 9 Taxable amount of IRA distributions
- 10 Taxable amount of pensions and annuities
- 11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (attach copy of federal Sch. E, Form 1040)
- 12 Farm income or loss (attach copy of federal Schedule F, Form 1040)
- 13 Unemployment compensation
- 14 Taxable amount of social security benefits (also enter on line 25 below)
- 15 Other income (see page 14)
- 16 Add lines 1 through 15
- 17 Total federal adjustments to income (see page 14)
- 18 Subtract line 17 from line 16. This is your federal adjusted gross income

For lines 1 through 18 below, enter your income items and total adjustments as they appear on your federal return (see page 14). Also, see instructions on page 14 for showing a loss.

	Dollars	Cents
1.	17,486.	
2.	57.	
3.	1,312.	
4.	1,374.	
5.		
6.		
7.	-3,000.	
8.		
9.		
10.	2,273.	
11.		
12.		
13.		
14.		
15.		
16.	19,502.	
17.		
18.	19,502.	

New York Additions: (see page 15)

- 19 Interest income on state and local bonds and obligations (but not those of NY State or its local governments)
- 20 Public employee 414(h) retirement contributions from your wage and tax statements (see page 15)
- 21 Other (see page 15)
- 22 Add lines 19 through 21

New York Subtractions: (see page 17)

- 23 Taxable refunds, credits, or offsets of state & local income taxes (line 4 above) ..
- 24 Pensions of NYS and local governments and the Federal government (see page 17) ..
- 25 Taxable amount of social security benefits (from line 14 above)
- 26 Interest income on U.S. government bonds
- 27 Pension and annuity income exclusion
- 28 Other (see page 17)
- 29 Add lines 23 through 28

Clip your check or money order to the front of this return.

- 30 Subtract line 29 from line 22. This is your New York adjusted gross income (enter the line 30 amount on line 31 on the back page)

IT-201 (1996) back SYLVIA M SAMUELS

Tax Computation (see page 20)		Dollars	Cents
31	Enter the amount from line 30 on the front page (this is your New York adjusted gross income)	16,396.	
32	Enter the larger of your standard deduction (from page 20) or your itemized deduction (from Form IT-201-ATT, Part I, line 14; attach form). Mark an "X" in the appropriate box <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Itemized.....	7,400.	
33	Subtract line 32 from line 31.....	8,996.	
34	Exemptions for dependents only (not the same as total federal exemptions; see page 20)	,000.00	
35	Subtract line 34 from line 33. This is your taxable income.....	8,996.	
36	NY State tax on line 35 amount (if line 31 above is \$100,000 or less, use the NY State Tax Table on red pages 45 thru 52. If in 31 is more than \$100,000, complete Tax Computation Worksheet 1 or 2 on pg 20 to figure your tax.).....	404.	

New York State Credits and Other Taxes (see page 21)		Dollars	Cents
37	New York State household credit (from Table I, II or III, page 21)	45.	
38	Other New York State credits (from Form IT-201-ATT, line 21; attach form)		
39	Add lines 37 and 38.....	45.	
40	Subtract line 39 from line 36 (if line 39 is more than line 36, leave blank).....	359.	
41	Other New York State taxes (from Form IT-201-ATT, line 34; attach form)		
42	Add lines 40 and 41. This is the total of your New York State taxes	359.	

City of New York and City of Yonkers Taxes and Credits		Dollars	Cents
43	City of NY resident tax (use the City of NY Tax Table on white pages 53-60) ..		
44	City of New York household credit (from Table IV, V or VI, pg. 22)		
(CNYADC)			
45	Subtr. line 44 from line 43 (if line 44 is more than line 43, leave blank) ..		
46	City of New York nonresident earnings tax (attach Form NYC-203) ..		
47	Other city of New York taxes (from Form IT-201-ATT, line 38; attach form) ..		
48	City of Yonkers resident income tax surcharge (see page 23)		
49	City of Yonkers nonresident earnings tax (attach Form Y-203)		
50	Part-year city of Yonkers resident income tax surcharge (att. IT-360.1) ..		
51	Add lines 45 through 50. This is the total of your city of New York and city of Yonkers taxes.....		

See instructions on pages 21 through 23 for figuring city of New York and city of Yonkers taxes, credits and tax surcharges.

Voluntary Gifts/Contributions (see page 23)		Dollars	Cents
52	Return a Gift to Wildlife <input type="checkbox"/> .00; Lake Placid Olympic Fund <input type="checkbox"/> .00; Breast Cancer Research & Education Fund <input type="checkbox"/> .00 Total gifts/contributions.....	.00	
53	Add lines 42, 51 and 52. This is your total NY State, New York City and Yonkers taxes, and gifts/contributions.....	359.	

Payments (see page 23)		Dollars	Cents
54	NY State child and dependent care credit (from Form IT-214; attach form) ..		
55	NY State earned income credit (from Form IT-215; attach form)		
56	Real property tax credit (from Form IT-214, line 17; attach form)		
57	Total NY State tax withheld (staple wage and tax stmt.)	550.	
58	Total city of NY tax withheld (staple wage and tax statements)		
59	Total city of Yonkers tax withheld (staple wage and tax statements) ..		
60	Total of estimated tax payments, and amount paid with extension Form IT-370 ..		
61	Add lines 54 through 60. This is the total of your payments.....	550.	

Staple your wage and tax statements at the top of the back of this return. See Step 7, page 28, for the proper assembly of your return and attachments.

Refund or Amount You Owe (see page 24)		Dollars	Cents
If line 61 is more than line 53, figure your refund:			
62	Subtract line 53 from line 61. This is the amount you overpaid.....	191.	
63	Amount of line 62 that you want refunded to you	191.	
64	Estimated tax only Amount of line 62 that you want applied to your 1997 estimated tax. Do not include any amount that you claimed as a refund on line 63.....		
If line 61 is less than line 53, figure the amount you owe:			
65	Subtract line 61 from line 53. This is the amount you owe. (Make check or money order payable to NY State Income Tax; write your social security number and 1998 Income Tax on it.)		
66	Estimated tax penalty. Include this amount in line 65 or reduce the overpayment on line 62 (see page 25)		

Mail your completed return to:
STATE PROCESSING CENTER
PO BOX 61000
ALBANY, NY 12281-0001

Sign your return below.

Sign Here	Your signature	Spouse's signature (if joint return)	Date	Daytime phone no. (optional)
Paid Preparer's Use Only	Preparer's signature		Date	Preparer's social security no.
Firm's name and address (or yours, if self-employed)				Employer identification no.
WPKEM, LLP One Old Country Road Carle Place, NY 11514				11-3187190

SCHEDULE D
(Form 1040)

NY State Copy

Capital Gains and Losses

OMB No. 1545-0074

1996

Attachment
Sequence No. **12**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040.

▶ See instructions for Schedule D (Form 1040).

▶ Use lines 20 and 22 for more space to list transactions for lines 1 and 9.

Name(s) shown on Form 1040

Your social security number

SYLVIA M SAMUELS

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example, 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-3)	(e) Cost or other basis (see page D-3)	(f) LOSS If (e) is more than (d), subtract (d) from (e)	(g) GAIN If (d) is more than (e), subtract (e) from (d)
IOMEGA	11/08/96	12/04/96	158,000	187,250	29,250	
US SURGICAL SHORT SALE		11/13/96	108,850	108,850		
ORACLE SHORT SALE		10/31/96	138,375	138,375		
2 Enter your short-term totals, if any, from line 21			2	37,800		
3 Total short-term sales price amounts. Add column (d) of lines 1 and 2			3	443,025		
4 Short-term gain from Forms 2119 and 6252, and short-term gain or loss from Forms 4684, 6781, and 8824					4	
5 Net short-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1					5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 9 of your 1995 Capital Loss Carryover Worksheet					6	
7 Add lines 1 through 6 in columns (f) and (g)					7	(29,250)
8 Net short-term capital gain or loss. Combine columns (f) and (g) of line 7					8	-29,250

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

10 Enter your long-term totals, if any, from line 23			10		
11 Total long-term sales price amounts. Add column (d) of lines 9 and 10			11		
12 Gain from Form 4797; long-term gain from Forms 2119, 2439, and 6252; and long-term gain or loss from Forms 4684, 6781, and 8824			12		
13 Net long-term gain or loss from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			13		
14 Capital gain distributions			14		
15 Long-term capital loss carryover. Enter the amount, if any, from line 14 of your 1995 Capital Loss Carryover Worksheet			15		
16 Add lines 9 through 15 in columns (f) and (g)			16		
17 Net long-term capital gain or (loss). Combine columns (f) and (g) of line 16			17		

Part III Summary of Parts I and II

18 Combine lines 8 and 17. If a loss, go to line 19. If a gain, enter the gain on Form 1040, line 13. Note: If both lines 17 and 18 are gains, see the Capital Gain Tax Worksheet on page 24	18	-29,250
19 If line 18 is a loss, enter here and as a (loss) on Form 1040, line 13, the smaller of these losses: a The loss on line 18; or b (\$3,000) or, if married filing separately, (\$1,500) Note: See the Capital Loss Carryover Worksheet on page D-3 if the loss on line 18 exceeds the loss on line 19 or if Form 1040, line 35, is a loss.	19	(-3,000)

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule D (Form 1040) 1996

Page 2

Your social security number

SYLVIA M SAMUELS

Part IV **Short-Term Capital Gains and Losses - Assets Held One Year or Less** (Continuation of Part I)

(a) Description of property (Example, 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-3)	(e) Cost or other basis (see page D-3)	(f) LOSS If (e) is more than (d), subtract (d) from (e)	(g) GAIN If (d) is more than (e), subtract (e) from (d)
NOVELL SHORT SALE		11/08/96	37,800	37,800		
21 Short-term totals. Add columns (d), (f), and (g) of line 20. Enter here and on line 2			37,800			

Part V	Long-Term Capital Gains and Losses - Assets Held More Than One Year (Continuation of Part II)
---------------	--

[illegible]

Form **1040-ES**

Department of the Treasury
Internal Revenue Service

Mail Estimated Tax Payments to:
Internal Revenue Service
P.O. Box 162
Newark, NJ 07101-0162

OMB No. 1545-0047

Payment
1997 Voucher 2

File only if you are making a payment of estimated tax. Return this voucher with check or money order payable to the "Internal Revenue Service." Please write your social security number and "1997 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year - Due June 15, 1997

Amount of payment \$ <u>100</u>	PLEASE PRINT	Your first name and initial SYLVIA M	Your last name SAMUELS	Your social security number	
		If joint payment, complete for spouse			
		Spouse's first name and initial	Spouse's last name	Spouse's social security number	
		Address (number, street, and apt. no.) 600 PINE HOLLOW ROAD 14-5A			
City, state, and ZIP code. (If a foreign address, enter city, province or state, postal code, and country.) EAST NORWICH, NY 11732					

For Paperwork Reduction Act Notice, see instructions on page 1.

Tear off here

Form **1040-ES**

Department of the Treasury
Internal Revenue Service

Payment
1997 Voucher 3

Mail Estimated Tax Payments to:
Internal Revenue Service
P.O. Box 162
Newark, NJ 07101-0162

OMB No. 1545-0047

File only if you are making a payment of estimated tax. Return this voucher with check or money order payable to the "Internal Revenue Service." Please write your social security number and "1997 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year - Due Sept. 15, 1997

Amount of payment \$ <u>100</u>	PLEASE PRINT	Your first name and initial SYLVIA M	Your last name SAMUELS	Your social security number	
		If joint payment, complete for spouse			
		Spouse's first name and initial	Spouse's last name	Spouse's social security number	
		Address (number, street, and apt. no.) 600 PINE HOLLOW ROAD 14-5A			
City, state, and ZIP code. (If a foreign address, enter city, province or state, postal code, and country.) EAST NORWICH, NY 11732					

For Paperwork Reduction Act Notice, see instructions on page 1.

Tear off here

Form **1040-ES**

Department of the Treasury
Internal Revenue Service

Payment
1997 Voucher 4

Mail Estimated Tax Payments to:
Internal Revenue Service
P.O. Box 162
Newark, NJ 07101-0162

OMB No. 1545-0047

File only if you are making a payment of estimated tax. Return this voucher with check or money order payable to the "Internal Revenue Service." Please write your social security number and "1997 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year - Due Jan. 15, 1998

Amount of payment \$ <u>100</u>	PLEASE PRINT	Your first name and initial SYLVIA M	Your last name SAMUELS	Your social security number	
		If joint payment, complete for spouse			
		Spouse's first name and initial	Spouse's last name	Spouse's social security number	
		Address (number, street, and apt. no.) 600 PINE HOLLOW ROAD 14-5A			
City, state, and ZIP code. (If a foreign address, enter city, province or state, postal code, and country.) EAST NORWICH, NY 11732					

For Paperwork Reduction Act Notice, see instructions on page 1.

FORM 1040-V Department of the Treasury Internal Revenue Service (99)	Payment Voucher		OMB NO. 1545-0074
	▶ Do not staple or attach this voucher to your payment.		1996
1 Enter the amount of the payment you are making	2 Enter the first four letters of your last name	3 Enter your social security number	
▶ \$ 313	S A M U		
4 If a joint return, enter your spouse's social security number	5 Enter your name(s) SYLVIA M SAMUELS		
	Enter your address 600 PINE HOLLOW ROAD 14-5A		
	Enter your city, state, and ZIP code EAST NORWICH, NY 11732		

Cut along the dotted line.

Mail Form 1040-V payments with your return to:

Internal Revenue Service
P.O. Box 1187
Newark, NJ 07101-1187

File only if you are making a payment with Form 1040. Return this voucher with check or money order payable to the "Internal Revenue Service."
Please write your social security number, daytime phone number, and "1996 Form 1040" on your check or money order. Please do not send cash.
Enclose, but do not staple or attach, your payment with this voucher.

BERNARD L. MADOFF
Investment Securities
New York, London

VIA SAMUELS

14-5A
-14 PINE HOLLOW RD
T NORWICH NY 11732

IN ACCOUNT WITH

000 JIMMY AVENUE
New York, NY 10022
(212) 230-2400
(800) 334-1343
TELEEX 235 130
FAX (212) 486-8178

YOUR ACCOUNT NUMBER
1-50188-3-0

PAID DATE
12/31/96

PAGE
1

YOUR FIDELITY INVESTMENT NUMBER

QNT ON LONG	DELIVERED ON SHORT	TRN	DESCRIPTION	PRICE OR SYMBO	AMOUNT DEBITED TO YOUR ACCOUNT	AMOUNT CREDITED TO YOUR ACCOUNT
			BALANCE FORWARD		199,302.96	
			NOV MARGIN INTEREST	INT		
			OMEGA CORP	22 1/2	687.42	112,500.00
			OMEGA CORP	22 3/4		45,500.00
			FIDELITY CASH RESERVES SBI	DIV		270.34
			DIV 12/30/96			
			FIDELITY CASH RESERVES SBI			
			DEC MARGIN INTEREST	1 INT	344.92	46,192.00
			FIDELITY SPARTAN	1 INT	4,127.00	
			U S TREASURY MONEY MARKET			
			NEW BALANCE			.04
			SECURITY POSITIONS			
			MOVELL INC	MKT PRICE		
			ORACLE CORPORATION	9 15/32		
			FIDELITY SPARTAN	41 3/4		
			U S TREASURY MONEY MARKET	1		
			U S SMOKEAL CORP	39 3/8		
			MARKET VALUE OF SECURITIES			
			295,052.00			
4,200 3,375 4,127 2,800						

STATEMENT FOR INCOME TAX PURPOSES

BENJAMIN L. MADOFF
Investment Securities
New York ☐ London

VIA SAHUELS

14-5A
-14 PINE HOLLOW RD
F NORWICH NY 11732

IN ACCOUNT WITH

NEW YORK, NY 10022
(212) 230-2400
(800) 334-1343
TELEFX 235 130
FAX (212) 486-8178

YOUR ACCOUNT NUMBER
1-50188-3-0

PERIOD ENDING
12/31/96

PAGE
2

YOUR TAX PAYER IDENTIFICATION NUMBER

DATE 10/1/96	QUANTITY DELIVERED OR BIDDY	TRN	DESCRIPTION	PRICE OR SYMBOL	AMOUNT CREDITED TO YOUR ACCOUNT	AMOUNT DEBITED TO YOUR ACCOUNT
			YEAR-TO-DATE SUMMARY			
			DIVIDENDS			
			MARGIN INTEREST			
			GROSS PROCEEDS FROM SALES			
					1,227.95	1,311.97
						158,000.00

Benjamin L. Madoff

STATEMENT FOR INCOME TAX PURPOSES

IN ACCOUNT WITH
 BERNARD L. MADOFF
 Investment Securities
 New York & London

VIA SAMUELS

14-5A
 -14 PINE HOLLOW RD
 T NORWICH NY 11732

TRAIL ACCOUNT NUMBER
 1-50198-7-0

TRAIL DATE
 12/31/96

TRAIL TAX PAYER IDENTIFICATION

QMT LONG	SOLD BALANCED ON SHORT	TRN	DESCRIPTION	PRICE ON STANDARD	ACCOUNT DEBITED TO YOUR ACCOUNT	AMOUNT CREDITED TO YOUR ACCOUNT
			BALANCE FORWARD			285,025.00
			NEW BALANCE			
			SECURITY POSITIONS			
			NOVELL INC	MKT PRICE 9 15/32		
			ORACLE CORPORATION	41 3/4		
			U S SURGICAL CORP	39 3/8		
			MARKET VALUE OF SECURITIES			
			LONG			
			SHORT			
			290,925.00-			
						285,025.00

4-208
 3-375
 2-800

MKT PRICE
 9 15/32
 41 3/4
 39 3/8

Actual
12/31/96

STATEMENT FOR INCOME TAX PURPOSES

BENJAMIN L. MADOFF
Investment Securities
New York & London

VIA SAMPLES

14-5A
-14 PINE HOLLOW RD
T NORWICH NY 11732

IN ACCOUNT WITH

UNITED STATES OF AMERICA
New York, NY 10022
(212) 230-2400
(800) 334-1343
TELEX 285 130
FAX (212) 486-8178

YOUR ACCOUNT NUMBER
1-50108-7-0

PERIOD BEGINNING
12/31/96

PAGE
2

YOUR TAX PAYER IDENTIFICATION NUMBER

RIGHT 1 OR LONG	SOLD DELIVERED BY BROW	TIN	Description	PRICE OR SYMBOL	AMOUNT DEBITED TO YOUR ACCOUNT	AMOUNT CREDITED TO YOUR ACCOUNT
			YEAR-TO-DATE SUMMARY GROSS PROCEEDS FROM SALES			285,025.00

STATEMENT FOR INCOME TAX PURPOSES

Exhibit B

1040 Department of the Treasury - Internal Revenue Service U.S. Individual Income Tax Return 1997		IRS Use Only - Do not write or staple in this space. 19 DMB No. 1545-0074																																																																			
For the year Jan. 1 - Dec. 31, 1997, or other tax year beginning 1997, ending 19																																																																					
Label (See instructions on page 10.) Use the IRS label. Otherwise, please print or type.	Your first name and initial SYLVIA M SAMUELS		Last name SAMUELS																																																																		
	If a joint return, spouse's first name and initial LAST NAME		Spouse's social security number																																																																		
	Home address (number and street). If you have a P.O. box, see page 10. 600 PINE HOLLOW ROAD		Apt. no. 14-5A																																																																		
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 10. EAST NORWICH, NY 11732		For help finding line instructions, see pages 2 and 3 in the booklet.																																																																		
Presidential Election Campaign (See page 10.)		Do you want \$3 to go to this fund? If a joint return, does your spouse want \$3 to go to this fund?																																																																			
Filing Status Check only one box.		1 <input checked="" type="checkbox"/> Single 2 <input type="checkbox"/> Married filing joint return (even if only one had income) 3 <input type="checkbox"/> Married filing separate return. Enter spouse's soc. sec. no. above & full name here ▶ 4 <input type="checkbox"/> Head of household (with qualifying person). (See page 10.) If the qualifying person is a child but not your dependent, enter this child's name here ▶ 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (year spouse died ▶ 19) (See page 10.)																																																																			
Exemptions		6a <input checked="" type="checkbox"/> Yourself. If your parent (or someone else) can claim you as a dependent on his or her return, do not check box 6a. b <input type="checkbox"/> Spouse. c Dependents: <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>(1) First Name</th> <th>Last name</th> <th>(2) Dependent's security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) No. of mos. lived in your home in 1997</th> <th>(5) No. of your children on 6c who:</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>a lived with you</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td>b did not live with you due to divorce or separation (see page 11)</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> Dependents on 6c not entered above Add numbers entered on lines above ▶		(1) First Name	Last name	(2) Dependent's security number	(3) Dependent's relationship to you	(4) No. of mos. lived in your home in 1997	(5) No. of your children on 6c who:						a lived with you						b did not live with you due to divorce or separation (see page 11)																																																
(1) First Name	Last name	(2) Dependent's security number	(3) Dependent's relationship to you	(4) No. of mos. lived in your home in 1997	(5) No. of your children on 6c who:																																																																
					a lived with you																																																																
					b did not live with you due to divorce or separation (see page 11)																																																																
d Total number of exemptions claimed.		1																																																																			
Income Attach Copy B of your Forms W-2, W-2a, and 1099-R here. If you did not get a W-2, see page 12. Enclose, but do not attach, any payment. Also, please use Form 1040-V.	7 Wages, salaries, tips, etc. Attach Form(s) W-2		7 19,260																																																																		
	8a Taxable interest. Attach Schedule B if required.		8a 45																																																																		
	b Tax-exempt interest. DO NOT include on line 8a.		8b																																																																		
	9 Dividends. Attach Schedule B if required.		9 198																																																																		
	10 Taxable refunds, credits, or offsets of state and local income taxes (see page 12)		10																																																																		
	11 Alimony received		11																																																																		
	12 Business income or (loss). Attach Schedule C or C-EZ.		12																																																																		
	13 Capital gain or (loss). Attach Schedule D.		13 -3,000																																																																		
	14 Other gains or (losses). Attach Form 4797		14																																																																		
	15a Total IRA distributions		15a																																																																		
	b Taxable amount (see pg. 13)		15b 4,138																																																																		
	16a Total pensions and annuities		16a																																																																		
	b Taxable amount (see pg. 13)		16b																																																																		
	17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17																																																																		
	18 Farm income or (loss). Attach Schedule F		18																																																																		
19 Unemployment compensation		19																																																																			
20a Social security benefits		20a																																																																			
b Taxable amount (see pg. 14)		20b																																																																			
21 Other income.		21																																																																			
22 Add the amounts in the far right column for lines 7 through 21. This is your total income.		22 20,641																																																																			
Adjusted Gross Income If line 32 is under \$29,280 (under \$38,870 if a child did not live with you), see EIC info. on page 21.	23 IRA deduction (see page 16)		23																																																																		
	24 Medical savings account deduction. Attach Form 8853		24																																																																		
	25 Moving expenses. Attach Form 3903 or 3903-F		25																																																																		
	26 One-half of self-employment tax. Attach Schedule SE		26																																																																		
	27 Self-employed health insurance deduction (see page 17)		27																																																																		
	28 Keogh and self-employed SEP and SIMPLE plans		28																																																																		
	29 Penalty on early withdrawal of savings		29																																																																		
	30 Alimony paid. b Recipient's SSN ▶		30a																																																																		
	31 Add lines 23 through 30a.		31 0																																																																		
	32 Subtract line 31 from line 22. This is your adjusted gross income		32 20,641																																																																		

Form 1040(1997) **SYLVIA M SAMUELS**

Page 2

Tax Computation

33	Amount from line 32 (adjusted gross income).....	33	20,641
34	a Check if: <input checked="" type="checkbox"/> You were 65 or older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here.....	34a	1
	b If you are married filing separately and your spouse itemizes deductions or you were a dual-status alien, see page 18 and check here.....	34b	<input type="checkbox"/>
35	Enter the larger of: Itemized deductions from Schedule A, line 28, OR Standard deduction shown below for your filing status. But see page 18 if you checked any box on line 34a or 34b or someone can claim you as a dependent. • Single - \$4,150 • Married filing jointly or Qualifying widow(er) - \$6,900 • Head of household - \$6,050 • Married filing separately - \$3,450	35	5,150
36	Subtract line 35 from line 33.....	36	15,491
37	If line 33 is \$90,900 or less, multiply \$2,650 by the total number of exemptions claimed on line 6d. If line 33 is over \$90,900, see the worksheet on page 19 for the amount to enter.....	37	2,650
38	Taxable income. Subtract line 37 from line 36. If line 37 is more than line 36, enter -0-	38	12,841
39	Tax. See page 18. Check if any tax from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972.....	39	1,924

If you want the IRS to figure your tax, see page 12.

Credits

40	Credit for child and dependent care expenses. Att. Form 2441.....	40	
41	Credit for the elderly or the disabled. Attach Schedule R.....	41	
42	Adoption credit. Attach Form 8839.....	42	
43	Foreign tax credit. Attach Form 1118.....	43	
44	Other. Check if from: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify).....	44	
45	Add lines 40 through 44.....	45	
46	Subtract line 45 from line 39. If line 45 is more than line 39, enter -0-.....	46	1,924

Other Taxes

47	Self-employment tax. Att. Sch. SE.....	47	
48	Alternative minimum tax. Attach Form 6251.....	48	
49	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137.....	49	
50	Tax on qualified retirement plans (including IRAs) and MSAs. Attach Form 5329 if required.....	50	
51	Advance earned income credit payments from Form(s) W-2.....	51	
52	Household employment taxes. Attach Schedule H.....	52	
53	Add lines 46 through 52. This is your total tax.....	53	1,924

Payments

54	Federal income tax withheld from Forms W-2 and 1099.....	54	1,697
55	1997 estimated tax payments and amount applied from 1998 return.....	55	400
56	a Earned income credit. Att. Sch. EIC if you have a qualifying child. b Nonrefundable earned income amt. <input type="checkbox"/> and type <input type="checkbox"/> No	56a	
57	Amount paid with Form 4868 (request for extension).....	57	
58	Excess social security and RRTA tax withheld (see page 27).....	58	
59	Other payments. Check if from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136..	59	
60	Add lines 54, 55, 56a, 57, 58, and 59. These are your total payments.....	60	2,097

Refund

61	If line 60 is more than line 53, subtract line 53 from line 60. This is the amount you OVERPAID.....	61	173
62a	Amount of line 61 you want REFUNDED TO YOU.....	62a	173
	b Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number <input type="text"/>		
63	Amount of line 61 you want APPLIED TO 1998 ESTIMATED TAX.....	63	

Amount You Owe

64	If line 53 is more than line 60, subtract line 60 from line 53. This is the AMOUNT YOU OWE. For details on how to pay, see page 27.....	64	
65	Estimated tax penalty. Also include on line 64.....	65	

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation TEACHING ASST
Spouse's signature. If a joint return, BOTH must sign.	Date	Spouse's occupation
Preparer's signature	Date	Check if self-employed <input type="checkbox"/> Preparer's social security no.

Paid Preparer's Use Only

Firm's name (or yours if self-employed) and address	EIN	ZIP code
Polansky, Kulberg & Co., LLP One Old Country Road Carle Place, NY		11514

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

- ▶ Attach to Form 1040. ▶ See instructions for Schedule D (Form 1040).
▶ Use Schedule D-1 for more space to list transactions for lines 1 and 8.

OMB No. 1545-0074

1997

Attachment
Sequence No. **12**

Name(s) shown on Form 1040

Your asset's security number

SYLVIA M SAMUELS

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example, 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-3)	(e) Cost or other basis (see page D-4)	(f) GAIN or (LOSS) FOR ENTIRE YEAR. Subtract (e) from (d)	(g) 28% RATE GAIN or (LOSS) *(see instr. below)
2 Enter your short-term totals, if any, from Schedule D-1, line 2.			2			
3 Total short-term sales price amounts. Add column (d) of lines 1 and 2.			3			
4 Short-term gain from Forms 2119 and 8252, and short-term gain or (loss) from Forms 4684, 6781, and 8824.				4		
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1.				5		
6 Short-term capital loss carryover. Enter the amount, if any, from line 9 of your 1996 Capital Loss Carryover Worksheet.				6	(26,250)	
7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f). ▶				7	-26,250	

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example, 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-3)	(e) Cost or other basis (see page D-4)	(f) GAIN or (LOSS) FOR ENTIRE YEAR. Subtract (e) from (d)	(g) 28% RATE GAIN or (LOSS) *(see instr. below)
NOVELL INC	6/28/94	12/12/97	37,800	59,850	-22,050	
9 Enter your long-term totals, if any, from Schedule D-1, line 9.			9			
10 Total long-term sales price amounts. Add column (d) of lines 8 and 9.			10	37,800		
11 Gain from Form 4797, Part I; long-term gain from Forms 2119, 2439, and 8252; and long-term gain or (loss) from Forms 4684, 6781, and 8824.				11		
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1.				12		
13 Capital gain distributions.				13		
14 Long-term capital loss carryover. Enter in both columns (f) and (g) the amount, if any, from line 14 of your 1996 Capital Loss Carryover Worksheet.				14	()	()
15 Combine lines 8 through 14 in column (g).				15		
16 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). ▶				16	-22,050	

* 28% Rate Gain or Loss includes all gains and losses in Part II, column (f) from sales, exchanges, or conversions (including installment payments received) either: • Before May 7, 1997, or

• After July 28, 1997, for assets held more than 1 year but not more than 18 months.

It also includes ALL "collectibles gains and losses" (as defined on page D-4).

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule D (Form 1040) 1997

Schedule D (Form 1040) 1997 SYLVIA M SAMUELS

Page 2

Part III Summary of Parts I and II

17 Combine lines 7 and 16. If a loss, go to line 18. If a gain, enter the gain on Form 1040, line 13. Next: Complete Form 1040 through line 38. Then, go to Part IV to figure your tax it: • Both lines 16 and 17 are gains, and • Form 1040, line 38, is more than zero.	17	-48,300
18 If line 17 is a loss, enter here and as a (loss) on Form 1040, line 13, the smaller of these losses: • The loss on line 17; or • (\$3,000) or, if married filing separately, (\$1,500) Next: Complete Form 1040 through line 36. Then, complete the Capital Loss Carryover Worksheet on page D-4 if: • The loss on line 17 exceeds the loss on line 18, or • Form 1040, line 36, is a loss.	18	3,000

Part IV Tax Computation Using Maximum Capital Gains Rates

19 Enter your taxable income from Form 1040, line 38	19	
20 Enter the smaller of line 16 or line 17	20	
21 If you are filing Form 4952, enter the amount from Form 4952, line 4e	21	
22 Subtract line 21 from line 20. If zero or less, enter -0-	22	
23 Combine lines 7 and 15. If zero or less, enter -0-	23	
24 Enter the smaller of line 15 or line 23, but not less than zero	24	
25 Enter your unrecognized section 1250 gain, if any (see page D-4)	25	
26 Add lines 24 and 25	26	
27 Subtract line 26 from line 22. If zero or less, enter -0-	27	
28 Subtract line 27 from line 19. If zero or less, enter -0-	28	
29 Enter the smaller of line 19 or \$41,200 (\$24,650 if single; \$20,600 if married filing separately; \$33,050 if head of household)	29	
30 Enter the smaller of line 28 or line 29	30	
31 Subtract line 22 from line 19. If zero or less, enter -0-	31	
32 Enter the larger of line 30 or line 31	32	
33 Figure the tax on the amount on line 32. Use the Tax Table or Tax Rate Schedules, whichever applies	33	
34 Enter the amount from line 28	34	
35 Enter the amount from line 28	35	
36 Subtract line 35 from line 34. If zero or less, enter -0-	36	
37 Multiply line 36 by 10% (.10)	37	
38 Enter the smaller of line 19 or line 27	38	
39 Enter the amount from line 38	39	
40 Subtract line 39 from line 38. If zero or less, enter -0-	40	
41 Multiply line 40 by 20% (.20)	41	
42 Enter the smaller of line 22 or line 25	42	
43 Add lines 22 and 32	43	
44 Enter the amount from line 19	44	
45 Subtract line 44 from line 43. If zero or less, enter -0-	45	
46 Subtract line 45 from line 42. If zero or less, enter -0-	46	
47 Multiply line 46 by 25% (.25)	47	
48 Enter the amount from line 19	48	
49 Add lines 32, 36, 40, and 46	49	
50 Subtract line 49 from line 48	50	
51 Multiply line 50 by 28% (.28)	51	
52 Add lines 33, 37, 41, 47, and 51	52	
53 Figure the tax on the amount on line 19. Use the Tax Table or Tax Rate Schedules, whichever applies	53	
54 Tax. Enter the smaller of line 52 or line 53 here and on Form 1040, line 39	54	

Form **4952**

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return

Investment Interest Expense Deduction

▶ Attach to your tax return.

OMB No. 1545-0181

1997

Attachment
Sequence No. **72**

Identifying number

SYLVIA M SAMUELS

Part I Total Investment Interest Expense

1 Investment interest expense paid or accrued in 1997. See instructions.	1	5,345
2 Disallowed investment interest expense from 1996 Form 4952, line 7.	2	
3 Total investment interest expense. Add lines 1 and 2.	3	5,345

Part II Net Investment Income

4a Gross income from property held for investment (excluding any net gain from the disposition of property held for investment).	4a	243
b Net gain from the disposition of property held for investment.	4b	
c Net capital gain from the disposition of property held for investment.	4c	
d Subtract line 4c from line 4b. If zero or less, enter -0-	4d	0
e Enter all or part of the amount on line 4c that you elect to include in investment income. Do not enter more than the amount on line 4b. See instructions.	4e	
f Investment income. Add lines 4a, 4d, and 4e. See instructions.	4f	243
5 Investment expenses. See instructions.	5	
6 Net investment income. Subtract line 5 from line 4f. If zero or less, enter -0-	6	243

Part III Investment Interest Expense Deduction

7 Disallowed investment interest expense to be carried forward to 1998. Subtract line 6 from line 3. If zero or less, enter -0-	7	5,102
8 Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions.	8	243

1997

Federal Statements

Page 1

Client 2063

SYLVIA M SAMUELS

03/19/98

2:10 pm

Statement 1
Form 1040
Wages and IRA Distributions

Wages Taxpayer - Employer	Wages	Federal W/H	FICA	Medi Care	State W/H	Local W/H
GT NECK PUB SCH	19,260	1,697	1,231	288	505	
Totals	19,260	1,697	1,231	288	505	0

IRA Distributions Taxpayer - Payer	Total Received	Taxable Amount	Federal W/H	State W/H
CHARLES SCHWAB	4,138	4,138		
Totals	4,138	4,138	0	0

New York State Department of Taxation and Finance

Resident Income Tax Return

1997

IT-201

New York State • City of New York • City of Yonkers

For the full year January 1, 1997 through December 31, 1997, or fiscal tax year beginning

87

and ending

For office use only

ATTACH LABEL HERE	Last name		First name and middle initial (If joint return, enter both names)		V Your social security no.	
	SAMUELS, SYLVIA M					
	Mailing address (number and street or rural route)			Apartment number		V Spouse's social security no.
	600 PINE HOLLOW ROAD			14-5A		
	City, village or post office			State	ZIP code	New York State county of residence
	EAST NORWICH, NY 11732					• NASSAU
In the space below, print or type your permanent home address within New York State if it is not the same as your mailing address above (see instructions, page 29).					School district name	
					• OYSTER BAY	
Permanent home address (number and street or rural route)				Apartment number		School district code number
						476
City, village or post office				State	ZIP code	If taxpayer is deceased, enter first name and date of death.
NY						

(A) Filing status - (1) ☒ Single

(B) Did you itemize your deductions on your 1997 federal income tax return? Yes ☐ No ☒

(C) Can you be claimed as a dependent on another taxpayer's federal return? Yes ☐ No ☒

(D) If you do not need forms mailed to you next year, mark an "X" in the box (see page 14). ☒ X

mark an "X" in one box:

(2) ☐ Married filing joint return (enter spouse's social security number above)

(3) ☐ Married filing separate return (enter spouse's social security number above)

(4) ☐ Head of household (with qualifying person)

(5) ☐ Qualifying widow(er) with dependent child

Federal Income and Adjustments

- Wages, salaries, tips, etc.
- Taxable interest income
- Dividend income
- Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 23 below)
- Alimony received
- Business income or loss (attach copy of federal Schedule C or C-EZ, Form 1040)
- Capital gain or loss (If required, attach copy of federal Schedule D, Form 1040)
- Other gains or losses (attach copy of federal Form 4797)
- Taxable amount of IRA distributions
- Taxable amount of pensions and annuities
- Rental real estate, royalties, partnerships, S corporations, trusts, etc. (attach copy of federal Sch. E, Form 1040)
- Farm income or loss (attach copy of federal Schedule F, Form 1040)
- Unemployment compensation
- Taxable amount of social security benefits (also enter on line 25 below)
- Other income (see page 16)
- Add lines 1 through 15
- Total federal adjustments to income (see page 16)
- Subtract line 17 from line 16. This is your federal adjusted gross income

For lines 1 through 18 below, enter your income items and total adjustments as they appear on your federal return (see page 15). Also, see instructions on page 15 for showing a loss.

Dollars

1.	19,260.
2.	45.
3.	198.
4.	.
5.	.
6.	.
7.	-3,000.
8.	.
9.	4,138.
10.	.
11.	.
12.	.
13.	.
14.	.
15.	.
16.	20,641.
17.	.
18.	20,641.

New York Additions: (see page 17)

- Interest income on state and local bonds and obligations (but not those of NY State or its local governments)
- Public employee 414(h) retirement contributions from your wage and tax statements (see page 17)
- Other (see page 17)
- Add lines 18 through 21

19.	.
20.	.
21.	.
22.	20,641.

New York Subtractions: (see page 19)

- Taxable refunds, credits, or offsets of state & local income taxes (in 4 above)
- Pensions of NYS & local governments & federal government (see page 19)
- Taxable amount of social security benefits (from line 14 above)
- Interest income on U.S. government bonds
- Pension and annuity income exclusion
- Other (see page 19)
- Add lines 23 through 28

23.	.
24.	.
25.	.
26.	.
27.	4,138.
28.	.

29.	4,138.
-----	--------

- Subtract line 29 from line 22. This is your New York adjusted gross income (enter the line 30 amount on line 31 on the back page.)

30.	16,503.
-----	---------

IT-201 (1997) back SYLVIA M SAMUELS

Tax Computation (see page 22)		Dollars
31 Enter the amount from line 30 on the front page (this is your New York adjusted gross income)	31.	16,503.
32 Enter the larger of your standard deduction (from pg 22) or your itemized deduction (from Form IT-201-ATT, Part I, line 14; attach form). Mark an "X" in the appropriate box: <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Itemized	32.	7,500.
33 Subtract line 32 from line 31	33.	9,003.
34 Exemptions for dependents only (not the same as total federal exemptions; see page 22)	34.	,000.
35 Subtract line 34 from line 33. This is your taxable income	35.	9,003.
36 NY State tax on line 35 amount (use red NY State Tax Table on page 46; if line 31 is more than \$100,000, see page 22)	36.	366.

New York State Credits and Other Taxes (see page 23)		Dollars
37 New York State household credit (from Table I, II or III, page 23)	37.	40.
38 Other New York State credits (from Form IT-201-ATT, line 21; attach form)	38.	
39 Add lines 37 and 38	39.	40.
40 Subtract line 39 from line 36 (if line 39 is more than line 36, leave blank)	40.	326.
41 Other New York State taxes (from Form IT-201-ATT, line 34; attach form)	41.	
42 Add lines 40 and 41. This is the total of your New York State taxes	42.	326.

City of New York and City of Yonkers Taxes and Credits		Dollars
43 City of NY resident tax (use the City of NY Tax Table on white pages 67-64)	43.	
44 City of New York household credit (from Table IV, V or VI, page 24)	44.	
45 Subtract line 44 from line 43 (if line 44 is more than line 43, leave blank)	45.	
46 Other city of New York taxes (from Form IT-201-ATT, line 39; attach form)	46.	
47 Add lines 45 and 46	47.	
48 Full-year NYC resident UBT credit (from line IT-216; part-year city residents see pg 24)	48.	
49 Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank)	49.	
50 City of New York nonresident earnings tax (attach Form NYC-203)	50.	
51 City of Yonkers resident income tax surcharge (see page 25)	51.	
52 City of Yonkers nonresident earnings tax (attach Form Y-203)	52.	
53 Part-year city of Yonkers resident income tax surcharge (attach Form IT-386.1)	53.	
54 Add lines 49 through 53. This is the total of your city of New York and city of Yonkers taxes	54.	

See instructions on pages 23 through 25 for figuring city of New York and city of Yonkers taxes, credits and tax surcharges.

Voluntary Gifts/Contributions (whole dollar amounts only; see page 25)		Dollars
55 Return a Gift to Wildlife <input type="checkbox"/> w Missing/Exploited Children Fund <input type="checkbox"/> e Breast Cancer Research Fund <input type="checkbox"/> b Olympic Fund <input type="checkbox"/> o Total gifts/contributions	55.	
56 Add lines 42, 54 and 55. This is your total NY State, New York City and Yonkers taxes, and gifts/contributions	56.	326.

Payments (see page 26)		Dollars
57 NY State child and dependent care credit (from Form IT-216; attach form)	57.	
58 NY State earned income credit (from Form IT-215; attach form)	58.	
59 Farmers' school tax credit (from Form IT-217, line 19; attach form)	59.	
60 Real property tax credit (from Form IT-214, line 17; attach form)	60.	
61 Total NY State tax withheld (see instructions)	61.	505.
62 Total city of NY tax withheld (see instructions)	62.	
63 Total city of Yonkers tax withheld (see instructions)	63.	
64 Total of estimated tax payments, and amount paid with extension Form IT-370	64.	

Staple your wage and tax statements at the top of the back of this return. See Step 7, page 30, for the proper assembly of your return and attachments.

65 Add lines 57 through 64. This is the total of your payments	65.	505.
66 Subtract line 65 from line 56. This is the amount you overpaid	66.	179.
67 Amount of line 66 that you want refunded to you	67.	179.

a Routing number : _____ b Type: ☐ Checking ☐ Savings

c Account number - _____

68 Estimated tax only Amount of line 66 that you want applied to your 1998 estimated tax.

Do not include any amount that you claimed as a refund on line 67. 68.

Amount You Owe — If line 65 is less than line 56, figure the amount you owe: (see page 28)

69 Subtract line 65 from line 56. This is the amount you owe. (Make check or money order payable to NY State Income Tax; write your social security number and 1997 Income Tax on it.)	69.	
70 Estimated tax penalty. Include this amount in line 69 or reduce the overpayment on line 66 (see page 28)	70.	

You can choose to have your refund sent directly to your bank account. See instructions and fill in lines 67a, b, and c.

Mail your completed return to:
STATE PROCESSING CENTER
PO BOX 61000
ALBANY, NY 12261-0001

Sign your return below.

Sign Here	Your signature	Spouse's signature (if joint return)	Date	Daytime phone number (optional)
Paid Preparer's Use Only	Preparer's signature	Date	Mark "X" if self-employed <input type="checkbox"/>	Preparer's social security no.
	Firm's name and address (or yours, if self-employed)			Employer identification no.
	Polansky, Kulberg & Co., LLP One Old Country Road Carle Place, NY 11514			

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service (501)

NY State Copy
Capital Gains and Losses

- ▶ Attach to Form 1040. ▶ See instructions for Schedule D (Form 1040).
▶ Use Schedule D-1 for more space to list transactions for lines 1 and 8.

OMB No. 1545-0074

1997

Attachment
Sequence No. **12**

Name(s) shown on Form 1040

Your social security number

SYLVIA M SAMUELS

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example, 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-3)	(e) Cost or other basis (see page D-4)	(f) GAIN or (LOSS) FOR ENTIRE YEAR. Subtract (e) from (d)
2 Enter your short-term totals, if any, from Schedule D-1, line 2.			2		
3 Total short-term sales price amounts. Add column (d) of lines 1 and 2.			3		
4 Short-term gain from Forms 2119 and 8252, and short-term gain or (loss) from Forms 4684, 6781, and 8824.				4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1.				5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 9 of your 1996 Capital Loss Carryover Worksheet.				6	(26,250)
7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f).				7	-26,250

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example, 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-3)	(e) Cost or other basis (see page D-4)	(f) GAIN or (LOSS) FOR ENTIRE YEAR. Subtract (e) from (d)	(g) 28% RATE GAIN or (LOSS) *(see instr. below)
NOVELL INC	6/28/94	12/12/97	37,800	59,850	-22,050	
9 Enter your long-term totals, if any, from Schedule D-1, line 9.			9			
10 Total long-term sales price amounts. Add column (d) of lines 8 and 9.			10	37,800		
11 Gain from Form 4797, Part I: long-term gain from Forms 2119, 2439, and 8252; and long-term gain or (loss) from Forms 4684, 6781, and 8824.				11		
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1.				12		
13 Capital gain distributions.				13		
14 Long-term capital loss carryover. Enter in both columns (f) and (g) the amount, if any, from line 14 of your 1996 Capital Loss Carryover Worksheet.				14	()	()
15 Combine lines 8 through 14 in column (g).				15		
16 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f).				16	-22,050	

* 28% Rate Gain or Loss includes all gains and losses in Part II, column (f) from sales, exchanges, or conversions (including installment payments received) either: • Before May 7, 1997, or

• After July 28, 1997, for assets held more than 1 year but not more than 18 months.

It also includes ALL "collectibles gains and losses" (as defined on page D-4).

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule D (Form 1040) 1997

Schedule D (Form 1040) 1997 SYLVIA M SAMUELS

Page 2

Part III Summary of Parts I and II NY State Copy

17 Combine lines 7 and 16. If a loss, go to line 18. If a gain, enter the gain on Form 1040, line 13.	17	-48,300
Next: Complete Form 1040 through line 38. Then, go to Part IV to figure your tax if:		
<ul style="list-style-type: none"> Both lines 16 and 17 are gains, and Form 1040, line 38, is more than zero. 		
18 If line 17 is a loss, enter here and as a (loss) on Form 1040, line 13, the smaller of these losses:	18	3,000
<ul style="list-style-type: none"> The loss on line 17; or (\$3,000) or, if married filing separately, (\$1,500) 		
Next: Complete Form 1040 through line 36. Then, complete the Capital Loss Carryover Worksheet on page D-4 if:		
<ul style="list-style-type: none"> The loss on line 17 exceeds the loss on line 18, or Form 1040, line 36, is a loss. 		

Part IV Tax Computation Using Maximum Capital Gains Rates

19 Enter your taxable income from Form 1040, line 38	19	
20 Enter the smaller of line 16 or line 17	20	
21 If you are filing Form 4952, enter the amount from Form 4952, line 4e	21	
22 Subtract line 21 from line 20. If zero or less, enter -0-	22	
23 Combine lines 7 and 15. If zero or less, enter -0-	23	
24 Enter the smaller of line 15 or line 23, but not less than zero.	24	
25 Enter your unrecaptured section 1250 gain, if any (see page D-4).	25	
26 Add lines 24 and 25	26	
27 Subtract line 26 from line 22. If zero or less, enter -0-	27	
28 Subtract line 27 from line 19. If zero or less, enter -0-	28	
29 Enter the smaller of line 19 or \$41,200 (\$24,650 if single; \$20,500 if married filing separately; \$33,050 if head of household)	29	
30 Enter the smaller of line 28 or line 29	30	
31 Subtract line 22 from line 19. If zero or less, enter -0-	31	
32 Enter the larger of line 30 or line 31	32	
33 Figure the tax on the amount on line 32. Use the Tax Table or Tax Rate Schedules, whichever applies	33	
34 Enter the amount from line 29	34	
35 Enter the amount from line 28	35	
36 Subtract line 35 from line 34. If zero or less, enter -0-	36	
37 Multiply line 36 by 10% (.10)	37	
38 Enter the smaller of line 19 or line 27	38	
39 Enter the amount from line 36	39	
40 Subtract line 39 from line 38. If zero or less, enter -0-	40	
41 Multiply line 40 by 20% (.20)	41	
42 Enter the smaller of line 22 or line 25	42	
43 Add lines 22 and 32	43	
44 Enter the amount from line 19	44	
45 Subtract line 44 from line 43. If zero or less, enter -0-	45	
46 Subtract line 45 from line 42. If zero or less, enter -0-	46	
47 Multiply line 46 by 25% (.25)	47	
48 Enter the amount from line 19	48	
49 Add lines 32, 36, 40, and 46	49	
50 Subtract line 49 from line 48	50	
51 Multiply line 50 by 28% (.28)	51	
52 Add lines 33, 37, 41, 47, and 51	52	
53 Figure the tax on the amount on line 19. Use the Tax Table or Tax Rate Schedules, whichever applies	53	
54 Tax. Enter the smaller of line 52 or line 53 here and on Form 1040, line 39	54	



VOUCHER TAX PAYER IDENTIFICATION NUMBER

DATE	BOUGHT RECEIVED ON LONG	SOLD DELIVERED ON SHORT	TRN	DESCRIPTION	PRICE OR SYMBOL	AMOUNT DEBITED TO YOUR ACCOUNT	AMOUNT CREDITED TO YOUR ACCOUNT
/01				BALANCE FORWARD		290,519.75	
/11				NOV MARGIN INTEREST CHECK	INT CM DIV	1,730.47 3,000.00	
/12				DIV ADJ 11/28/97 12/12/97 USS	JRNL RECD	112.00 37,800.00	112.00
/19	4,200			(NOVELL INC) TRANS FROM TO ACCT NOVELL INC			
/22		4,200		CANCEL 12/19/97 NOVELL INC TRANS FROM TO ACCT DEC MARGIN INTEREST	DELY DELY INT		37,800.00 <u>37,800.00</u>
/31				NEW BALANCE		1,759.49	
	5,062 2,800 300,000			SECURITY POSITIONS ORACLE CORPORATION U S SURGICAL CORP U S TREASURY BILL DUE 8/20/1998	MKT PRICE 22 5/16 29 5/16 96-620 '14 '15	259,209.71 484,880.88 175,671.17 52,204.17 177,875.17	
				MARKET VALUE OF SECURITIES LONG SHORT			277,875.29
				484,880.88 1440 3777		4730 1440 3777	270 30

[illegible]



BERNARD L. MADOFF
Investment Securities
New York & London

SYLVIA SAMUELS

APT 14-5A
600-14 PINE HOLLOW RD
EAST NORWICH NY 11732

885 Third Avenue
New York, NY 10022
(212) 230-2400
800 384-1343
Fax (212) 838-4061

MAIDOFF SECURITIES INTERNATIONAL LTD.
43 London Wall
London England EC2M 5TB
071-374 0891

YOUR ACCOUNT NUMBER
1-50188-7-0

PERIOD ENDING
12/31/97

PAGE
2

YOUR TAXPAYER IDENTIFICATION NO. (OPTIONAL)

DATE	BOUGHT RECEIVED ON LONG	BOUGHT DELIVERED ON SHORT	TIN	DESCRIPTION	PRICE OR SYMBOL	AMOUNT DEBITED TO YOUR ACCOUNT	AMOUNT CREDITED TO YOUR ACCOUNT
				YEAR-TO-DATE SUMMARY			
				DIVIDENDS		468.50	

PLEASE RETAIN THIS STATEMENT FOR INCOME TAX PURPOSES

Exhibit C

FORM

1040

Department of the Treasury - Internal Revenue Service
U.S. Individual Income Tax Return

1998

(99) IRS Use Only - Do not write or staple in this space.

Label

(See instructions on page 18.)

Use the IRS label. Otherwise, please print or type.

LABEL HERE

For the year Jan. 1 - Dec. 31, 1998, or other tax year beginning

1998, ending

19

OMB No. 1545-0074

Your first name and initial

Last name

Your social security number

SYLVIA M SAMUELS

If a joint return, spouse's first name and initial

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see page 18.

Apt. no.

600 PINE HOLLOW ROAD

14-5A

City, town or post office, state, and ZIP code. If you have a foreign address, see page 18.

EAST NORWICH, NY 11732

▲ IMPORTANT! ▲
You must enter your SSN(s) above.

Yes No

Note: Checking "Yes" will not change your tax or reduce your refund.

Presidential Election Campaign (See page 18.)

Do you want \$3 to go to this fund?

If a joint return, does your spouse want \$3 to go to this fund?

Filing Status

Check only one box.

- 1 ☒ Single
- 2 ☐ Married filing joint return (even if only one had income)
- 3 ☐ Married filing separate return. Enter spouse's soc. sec. no. above & full name here >
- 4 ☐ Head of household (with qualifying person). (See page 18.) If the qualifying person is a child but not your dependent, enter this child's name here >
- 5 ☐ Qualifying widow(er) with dependent child (year spouse died > 19). (See page 18.)

Exemptions

- 6a ☒ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a.

No. of boxes checked on 6a and 6b

1

b ☐ Spouse

c Dependents:

(1) First Name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) Chk if qualifying child for child tax credit (see page 19)

No. of your children on 6c who:

a lived with you

b did not live with you due to divorce or separation (see page 19)

Dependents on 6c not entered above

Add numbers entered on lines above

1

d Total number of exemptions claimed

Income

Attach Copy B of your Forms W-2, W-2G, and 1099-R here.

If you did not get a W-2, see page 20.

Enclose, but do not attach any payment. Also, please use Form 1040-V.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	19,719
8a	Taxable interest. Attach Schedule B if required.	8a	14,042
b	Tax-exempt interest. DO NOT include on line 8a.	8b	
9	Ordinary dividends. Attach Schedule B if required.	9	4,720
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 21)	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D	13	13,050
14	Other gains or (losses). Attach Form 4797	14	
15a	Total IRA distributions	15a	
15b	Taxable amount (see pg. 22)	15b	4,138
16a	Total pensions and annuities	16a	
16b	Taxable amount (see pg. 22)	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	6,309
20b	Taxable amount (see pg. 24)	20b	5,363
21	Other income	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your total income	22	61,032
23	IRA deduction (see page 25)	23	
24	Student loan interest deduction (see page 27)	24	
25	Medical savings account deduction. Attach Form 8853	25	
26	Moving expenses. Attach Form 3903	26	
27	One-half of self-employment tax. Attach Schedule SE	27	
28	Self-employed health insurance deduction (see page 28)	28	
29	Keogh and self-employed SEP and SIMPLE plans	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid. b Recipient's SSN >	31a	
32	Add lines 23 through 31a	32	0
33	Subtract line 32 from line 22. This is your adjusted gross income	33	61,032

Adjusted Gross Income

If line 33 is under \$30,000 (under \$10,000 if a child did not live with you), see EIC Inst. on page 36.

Form 1040 (1998) SYLVIA M SAMUELS

Page 2

Tax and Credits		34	Amount from line 33 (adjusted gross income)	34	61,032
35 a Check if: <input checked="" type="checkbox"/> You were 65 or older, <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here		35a	1		
b If you are married filing separately and your spouse itemizes deductions or you were a dual-status alien, see page 29 and check here		35b	<input type="checkbox"/>		
Standard Deduction for Most People Single: \$4,250 Head of household: \$4,250 Married filing jointly or Qualifying widow(er): \$7,100 Married filing separately: \$3,550.	36 Enter the larger of your itemized deductions from Schedule A, line 28, OR standard deduction shown on the left. But see page 30 to find your standard deduction if you checked any box on line 35a or 35b or if someone can claim you as a dependent	36		32,563	
	37 Subtract line 36 from line 34	37		28,469	
	38 If line 34 is \$93,400 or less, multiply \$2,700 by the total number of exemptions claimed on line 6d. If line 34 is over \$93,400, see the worksheet on page 30 for the amount to enter	38		2,700	
	39 Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-	39		25,769	
	40 Tax. See page 30. Check if any tax from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	40		3,922	
	41 Credit for child and dependent care expenses. Att. Form 2441	41			
	42 Credit for the elderly or the disabled. Attach Schedule R	42			
	43 Child tax credit (see page 31)	43			
	44 Education credits. Attach Form 8863	44			
	45 Adoption credit. Attach Form 8839	45			
46 Foreign tax credit. Attach Form 1118 if required	46				
47 Other. Check if from a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify)	47				
48 Add lines 41 through 47. These are your total credits		48			
49 Subtract line 48 from line 40. If line 48 is more than line 40, enter -0-		49		3,922	
Other Taxes		50	Self-employment tax. Att. Sch. SE	50	
51 Alternative minimum tax. Attach Form 6251		51		51	
52 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137		52		52	
53 Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required		53		53	
54 Advance earned income credit payments from Form(s) W-2		54		54	
55 Household employment taxes. Attach Schedule H		55		55	
56 Add lines 49 through 55. This is your total tax		56		3,922	
Payments		57	Federal income tax withheld from Forms W-2 and 1099	57	1,750
58 1998 estimated tax payments and amount applied from 1997 return		58		58	
59 a Earned income credit. Att. Sch. EIC if you have a qualifying child. b Nontaxable earned income: amt. > No and type > No		59a		59a	
60 Additional child tax credit. Attach Form 8812		60		60	
61 Amount paid with Form 4868 (request for extension)		61		61	
62 Excess social security and RRTA tax withheld (see page 43)		62		62	
63 Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136		63		63	
64 Add lines 57, 58, 59a, and 60 through 63. These are your total payments		64		1,750	
Refund		65	If line 58 is more than line 54, subtract line 58 from line 54. This is the amount you OVERPAID	65	
66a Amount of line 65 you want REFUNDED TO YOU		66a		66a	
b Routing number > c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings					
d Account number					
67 Amount of line 65 you want APPLIED TO 1999 ESTIMATED TAX >		67			
Amount You Owe		68	If line 58 is more than line 54, subtract line 54 from line 56. This is the AMOUNT YOU OWE. For details on how to pay, see page 44	68	2,181
69 Estimated tax penalty. Also include on line 68		69	9		

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signers Print return preparer's name on page 18. Keep a copy of your records.	Your signature _____	Date _____	Your occupation TEACHING ASST	Daytime telephone number (optional) _____
	Spouse's signature. If a joint return, BOTH must sign. _____	Date _____	Spouse's occupation _____	
Preparer's Use Only	Preparer's signature _____	Date _____	Check if self-employed <input type="checkbox"/>	Preparer's social security no. _____
	Firm's name (or yours if self-employed) and address Polansky, Kulberg & Co., LLP One Old Country Road Carle Place, NY	EIN 11-3385923	ZIP code 11514	

Form 2210 Department of the Treasury Internal Revenue Service Name(s) shown on tax return	Underpayment of Estimated Tax by Individuals, Estates, and Trusts ▶ See separate instructions. ▶ Attach to Form 1040, 1040A, 1040NR, 1040NR-EZ, or 1041.	OMB No. 1545-0140 1998 Attachment Sequence No. 06
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Name(s) shown on tax return: **SYLVIA M SAMUELS**

Identifying number: _____

Note: In most cases, you do not need to file Form 2210. The IRS will figure any penalty you owe and send you a bill. File Form 2210 only if one or more boxes in Part I apply to you. If you do not need to file Form 2210, you still may use it to figure your penalty. Enter the amount from Part III, line 21, or Part IV, line 35, on the penalty line of your return, but do not attach Form 2210.

Part I Reasons for Filing - If 1a, 1b, or 1c below applies to you, you may be able to lower or eliminate your penalty. But you MUST check the boxes that apply and file Form 2210 with your tax return. If 1d below applies to you, check that box and file Form 2210 with your tax return.

1 Check whichever boxes apply (if none apply, see the Note above):

a ☐ You request a waiver. In certain circumstances, the IRS will waive all or part of the penalty. See Waiver of Penalty on page 2 of the instructions.

b ☐ You use the annualized income installment method. If your income varied during the year, this method may reduce the amount of one or more required installments. See page 4 of the instructions.

c ☐ You had Federal income tax withheld from wages and, for estimated tax purposes, you treat the withheld tax as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. See the instructions for line 23 on page 3.

d ☐ Your required annual payment (line 14 below) is based on your 1997 tax and you filed or are filing a joint return for either 1997 or 1998 but not for both years.

Part II Required Annual Payment

2 Enter your 1998 tax after credits (see page 2 of the instructions).....	2	3,922
3 Other taxes (see page 2 of the instructions)	3	
4 Add lines 2 and 3	4	3,922
5 Earned income credit	5	
6 Additional child tax credit	6	
7 Credit for Federal tax paid on fuels	7	
8 Add lines 5, 6, and 7	8	0
9 Current year tax. Subtract line 8 from line 4	9	3,922
10 Multiply line 9 by 90% (.90)	10	3,530
11 Withholding taxes. Do not include any estimated tax payments on this line (see page 2 of the instructions)	11	1,750
12 Subtract line 11 from line 9. If less than \$1,000, stop here; do not complete or file this form. You do not owe the penalty	12	2,172
13 Enter the tax shown on your 1997 tax return. Caution: See page 2 of the instructions	13	1,924
14 Required annual payment. Enter the smaller of line 10 or line 13	14	1,924

Note: If line 11 is equal to or more than line 14, stop here; you do not owe the penalty. Do not file Form 2210 unless you checked box 1d above.

Part III Short Method (Caution: See page 2 of the instructions to find out if you can use the short method. If you checked box 1b or 1c in Part I, skip this part and go to Part IV.)

15 Enter the amount, if any, from line 11 above	15	1,750
16 Enter the total amount, if any, of estimated tax payments you made	16	
17 Add lines 15 and 16	17	1,750
18 Total underpayment for year. Subtract line 17 from line 14. If zero or less, stop here; you do not owe the penalty. Do not file Form 2210 unless you checked box 1d above	18	174
19 Multiply line 18 by .05043	19	9
20 • If the amount on line 18 was paid on or after 4/15/99, enter -0-. • If the amount on line 18 was paid before 4/15/99, make the following computation to find the amount to enter on line 20.		
Amount on line 18	x	Number of days paid before 4/15/99
	x	.00019
	20	0
21 PENALTY. Subtract line 20 from line 19. Enter the result here and on Form 1040, line 68; Form 1040A, line 44; Form 1040NR, line 68; Form 1040NR-EZ, line 27; or Form 1041, line 25	21	9

For Paperwork Reduction Act Notice, see page 1 of separate instructions.

Form **2210** (1998)

SCHEDULES A&B
Form 1040

Schedule A - Itemized Deductions

OMB No. 1545-0074

1998

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (90)

▶ Attach to Form 1040. ▶ See instructions for Schedules A and B (Form 1040).

Name(s) shown on Form 1040

Your social security number

SYLVIA M SAMUELS

Caution: Do not include expenses reimbursed or paid by others.				
Medical and Dental Expenses	1	Medical and dental expenses (see page A-1)	1	420
	2	Enter amount from Form 1040, line 34	2	61,032
	3	Multiply line 2 above by 7.5% (.075)	3	4,577
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	0
Taxes You Paid	5	State and local income taxes	5	526
	6	Real estate taxes (see page A-2)	6	
	7	Personal property taxes	7	
	8	Other taxes. List type and amount	8	
	9	Add lines 5 through 8.	9	526
Interest You Paid	10	Home mortgage interest and points reported on Form 1098	10	
	11	Home mortgage interest not reported on Form 1098. If paid to the person from whom you bought the home, see page A-3 & show that person's name, ID no. & address	11	
	12	Points not reported on Form 1098. See page A-3	12	
	13	Investment interest. Attach Form 4952, if required. (See page A-3)	13	31,812
	14	Add lines 10 through 13.	14	31,812
Gifts to Charity	15	Gifts by cash or check. If any gift of \$250 or more, see pg. A-4. St.	15	225
	16	Other than by cash or check. If any gift of \$250 or more, see page A-4. You MUST attach Form 8283 if over \$500	16	
	17	Carryover from prior year	17	
	18	Add lines 15 through 17.	18	225
Casualty and Theft Losses	19	Casualty or theft loss(es). Attach Form 4684. (See page A-5)	19	0
Job Expenses and Most Other Miscellaneous Deductions	20	Unreimbursed employee expenses - job travel, union dues, job education, etc. You MUST attach Form 2106 or 2106-EZ if required. (See page A-5)	20	125
	21	Tax preparation fees	21	
	22	Other expenses - investment, safe deposit box, etc. List type and amount	22	
	23	Add lines 20 through 22.	23	125
	24	Enter amount from Form 1040, line 34	24	61,032
	25	Multiply line 24 above by 2% (.02)	25	1,221
	26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	26	0
Other Miscellaneous Deductions	27	Other - from list on page A-6. List type and amount	27	0
Total Itemized Deductions	28	Is Form 1040, line 34, over \$124,500 (over \$62,250 if married filing separately)? NO. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter on Form 1040, line 38, the larger of this amount or your standard deduction. YES. Your deduction may be limited. See page A-6 for the amount to enter.	28	32,563

Schedules AAB (Form 1040) 1998

OMB No. 1545-0074

Page 2

Name(s) shown on Form 1040. Do not enter name and social security number if shown on other side.

Your social security number

SYLVIA M SAMUELS

Schedule B - Interest and Ordinary Dividends

Attachment
Sequence No. 08

Note: If you had over \$400 in taxable interest income, you must also complete Part III.

Part I Interest	Amount
1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address > <u>BERNARD L MADOFF</u> <u>EAB</u>	14,010 32
2 Add the amounts on line 1.	14,042
3 Excludable interest on series EE U.S. savings bonds issued after 1989 from Form 8815, line 14. You MUST attach Form 8815 to Form 1040.	
4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a.	14,042

Note: If you received a Form 1099-INT, Form 1099-DIV, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

Part II Ordinary Dividends	Amount
5 List name of payer. Include only ordinary dividends. Report any capital gain distributions on Schedule D, line 13 > <u>BERNARD L. MADOFF</u> <u>BERNARD L. MADOFF SHORT DIVIDENDS</u>	5,056 -336
6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9.	4,720

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

Part III Foreign Accounts and Trusts	Yes	No
You must complete this part if you (a) had over \$400 of interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.		
7a At any time during 1998, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See page B-2 for exceptions and filing requirements for Form TD F 90-22.1		X
b If "Yes," enter the name of foreign country >		
8 During 1998, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See page B-2		X

SCHEDULE D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

1998

Attachment
Sequence No. **12**

Department of the Treasury
Internal Revenue Service (98)
Name(s) shown on Form 1040

- ▶ Attach to Form 1040. ▶ See instructions for Schedule D (Form 1040).
▶ Use Schedule D-1 for more space to list transactions for lines 1 and 8.

Your social security number

SYLVIA M SAMUELS

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example, 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-6)	(e) Cost or other basis (see page D-6)	(f) GAIN or (LOSS) Subtract (e) from (d)
2 Enter your short-term totals, if any, from Schedule D-1, line 2			2		
3 Total short-term sales price amounts. Add column (d) of lines 1 and 2			3		
4 Short-term gain from Form 8252 and short-term gain or (loss) from Forms 4684, 5781, and 8824				4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your 1997 Capital Loss Carryover Worksheet				6	(23,250)
7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f)				7	-23,250

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example, 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-6)	(e) Cost or other basis (see page D-6)	(f) GAIN or (LOSS) Subtract (e) from (d)	(g) 28% RATE GAIN or (LOSS) " (see instr. below)
TYCO	6/01/94	12/15/98	108,850	50,500	58,350	
9 Enter your long-term totals, if any, from Schedule D-1, line 9			9			
10 Total long-term sales price amounts. Add column (d) of lines 8 and 9			10	108,850		
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 8252; and long-term gain or (loss) from Forms 4684, 5781, and 8824				11		
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12		
13 Capital gain distributions. See page D-2				13		
14 Long-term capital loss carryover. Enter in both columns (f) and (g) the amount, if any, from line 13 of your 1997 Capital Loss Carryover Worksheet				14	(22,050)	(22,050)
15 Combine lines 8 through 14 in column (g)				15		-22,050
16 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f)				16	36,300	

Next: Go to Part III on the back.

* 28% Rate Gain or Loss includes all "collectibles gains and losses" (as defined on page D-6) and part or all of the eligible gain on qualified small business stock (see page D-6).

or Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule D (Form 1040) 1998

Schedule D (Form 1040) 1998 SYLVIA M SAMUELS

Page 2

Part III Summary of Parts I and II

17 Combine lines 7 and 16. If a loss, go to line 18. If a gain, enter the gain on Form 1040, line 13	17	13,050
Next: Complete Form 1040 through line 39. Then, go to Part IV to figure your tax it:		
<ul style="list-style-type: none"> Both lines 16 and 17 are gains, and Form 1040, line 39, is more than zero. 		
18 If line 17 is a loss, enter here and as a (loss) on Form 1040, line 13, the smaller of these losses:	18	()
<ul style="list-style-type: none"> The loss on line 17; or (\$3,000) or, if married filing separately, (\$1,500) 		
Next: Complete Form 1040 through line 37. Then, complete the Capital Loss Carryover Worksheet on page D-6 if:		
<ul style="list-style-type: none"> The loss on line 17 exceeds the loss on line 18, or Form 1040, line 37, is a loss. 		

Part IV Tax Computation Using Maximum Capital Gains Rates

19 Enter your taxable income from Form 1040, line 39	19	25,769
20 Enter the smaller of line 16 or line 17 of Schedule D	20	13,050
21 If you are filing Form 4952, enter the amount from Form 4952, line 4e	21	13,050
22 Subtract line 21 from line 20. If zero or less, enter -0-	22	0
23 Combine lines 7 and 15. If zero or less, enter -0-	23	0
24 Enter the smaller of line 15 or line 23, but not less than zero	24	
25 Enter your unrecaptured section 1250 gain, if any (see page D-7)	25	
26 Add lines 24 and 25	26	
27 Subtract line 26 from line 22. If zero or less, enter -0-	27	0
28 Subtract line 27 from line 19. If zero or less, enter -0-	28	25,769
29 Enter the smaller of:	29	25,350
<ul style="list-style-type: none"> The amount on line 19, or \$25,350 if single; \$42,350 if married filing jointly or qualifying widow(er); \$21,175 if married filing separately; or \$33,950 if head of household 		
30 Enter the smaller of line 28 or line 29	30	25,350
31 Subtract line 22 from line 19. If zero or less, enter -0-	31	25,769
32 Enter the larger of line 30 or line 31	32	25,769
33 Figure the tax on the amount on line 32. Use the Tax Table or Tax Rate Schedules, whichever applies.	33	3,922
34 Enter the amount from line 29	34	25,350
35 Enter the amount from line 28	35	25,769
36 Subtract line 35 from line 34. If zero or less, enter -0-	36	0
37 Multiply line 36 by 10% (.10)	37	
38 Enter the smaller of line 19 or line 27	38	
39 Enter the amount from line 38	39	
40 Subtract line 39 from line 38	40	0
41 Multiply line 40 by 20% (.20)	41	
42 Enter the smaller of line 22 or line 25	42	
43 Add lines 22 and 32	43	25,769
44 Enter the amount from line 19	44	25,769
45 Subtract line 44 from line 43. If zero or less, enter -0-	45	0
46 Subtract line 45 from line 42. If zero or less, enter -0-	46	0
47 Multiply line 46 by 25% (.25)	47	
48 Enter the amount from line 19	48	25,769
49 Add lines 32, 36, 40, and 46	49	25,769
50 Subtract line 49 from line 48	50	
51 Multiply line 50 by 28% (.28)	51	
52 Add lines 33, 37, 41, 47, and 51	52	3,922
53 Figure the tax on the amount on line 19. Use the Tax Table or Tax Rate Schedules, whichever applies	53	3,922
54 Tax on taxable income including capital gains. Enter the smaller of line 52 or line 53 here and on Form 1040, line 40	54	3,922

Form **4952**

Investment Interest Expense Deduction

OMB No. 1545-0191

1998

Department of the Treasury
Internal Revenue Service (98)

▶ Attach to your tax return.

Attachment
Sequence No. **72**

Name(s) shown on return

Identifying number

SYLVIA M SAMUELS

Part I Total Investment Interest Expense

1 Investment interest expense paid or accrued in 1998. See instructions	1	35,680
2 Disallowed investment interest expense from 1997 Form 4952, line 7.	2	5,102
3 Total investment interest expense. Add lines 1 and 2.	3	40,782

Part II Net Investment Income

4a Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)	4a	18,762
b Net gain from the disposition of property held for investment	4b	13,050
c Net capital gain from the disposition of property held for investment	4c	13,050
d Subtract line 4c from line 4b. If zero or less, enter -0-	4d	0
e Enter all or part of the amount on line 4c that you elect to include in investment income. Do not enter more than the amount on line 4b. See instructions ▶	4e	13,050
f Investment income. Add lines 4a, 4d, and 4e. See instructions	4f	31,812
5 Investment expenses. See instructions	5	
6 Net investment income. Subtract line 5 from line 4f. If zero or less, enter -0-	6	31,812

Part III Investment Interest Expense Deduction

7 Disallowed investment interest expense to be carried forward to 1999. Subtract line 6 from line 3. If zero or less, enter -0-	7	8,970
8 Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions	8	31,812

1998

Federal Statements

Page 1

Client 2063

SYLVIA M SAMUELS

03/18/99

07:56 pm

Statement 1
Schedule A, Line 1
Medical and Dental Expenses

Insurance Premiums	\$	420
Total	\$	<u>420</u>

Statement 2
Schedule A, Line 13
Investment Interest

BERNARD MADOFF	\$	35,680
Investment Interest Carryover		5,102
Disallowed Investment Interest (Form 4952)		-8,970
Total	\$	<u>31,812</u>

Statement 3
Schedule A, Line 15
Contributions by Cash or Check

MISCELLANEOUS ORGANIZED CHARITIES	\$	225
Total	\$	<u>225</u>

Form 1040-ES	Mail Estimated Tax Payments to: Internal Revenue Service P.O. Box 162 Newark, NJ 07101-0162		OMB No. 1545-0067
Department of the Treasury Internal Revenue Service	1999 Payment Voucher 1	Calendar year - Due April 15, 1999	

File only if you are making a payment of estimated tax. Return this voucher with check or money order payable to the "United States Treasury." Please write your social security number and "1999 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of payment \$ <u>550</u>	PLEASE PRINT	Your first name and initial	Your last name	Your social security number
		SYLVIA M	SAMUELS	
		If joint payment, complete for spouse		
		Spouse's first name and initial	Spouse's last name	Spouse's social security number
		Address (number, street, and apt. no.)		
		600 PINE HOLLOW ROAD 14-5A		
		City, state, and ZIP code. (If a foreign address, enter city, province or state, postal code, and country.)		
		EAST NORWICH, NY 11732		

For Paperwork Reduction Act Notice, see instructions on page 5.

Tear off here

Form 1040-ES	Mail Estimated Tax Payments to: Internal Revenue Service P.O. Box 162 Newark, NJ 07101-0162		OMB No. 1545-0067
Department of the Treasury Internal Revenue Service	1999 Payment Voucher 2	Calendar year - Due June 15, 1999	

File only if you are making a payment of estimated tax. Return this voucher with check or money order payable to the "United States Treasury." Please write your social security number and "1999 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of payment \$ <u>550</u>	PLEASE PRINT	Your first name and initial	Your last name	Your social security number
		SYLVIA M	SAMUELS	
		If joint payment, complete for spouse		
		Spouse's first name and initial	Spouse's last name	Spouse's social security number
		Address (number, street, and apt. no.)		
		600 PINE HOLLOW ROAD 14-5A		
		City, state, and ZIP code. (If a foreign address, enter city, province or state, postal code, and country.)		
		EAST NORWICH, NY 11732		

For Paperwork Reduction Act Notice, see instructions on page 5.

Tear off here

Form **1040-ES**

Department of the Treasury
Internal Revenue Service

1999 Payment
Voucher **3**

Mail Estimated Tax Payments to:
Internal Revenue Service
P.O. Box 162
Newark, NJ 07101-0162

OMB No. 1545-0087

Calendar year - Due Sept. 15, 1999

File only if you are making a payment of estimated tax. Return this voucher with check or money order payable to the "United States Treasury." Please write your social security number and "1999 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of payment \$ <u>550</u>	PLEASE PRINT TYPE	Your first name and initial SYLVIA M	Your last name SAMUELS	Your social security number _____
		If joint payment, complete for spouse		
		Spouse's first name and initial	Spouse's last name	Spouse's social security number
		Address (number, street, and apt. no.) 600 PINE HOLLOW ROAD 14-5A City, state, and ZIP code. (If a foreign address, enter city, province or state, postal code, and country.) EAST NORWICH, NY 11732		

For Paperwork Reduction Act Notice, see Instructions on page 5.

Tear off here

Form **1040-ES**

Department of the Treasury
Internal Revenue Service

1999 Payment
Voucher **4**

Mail Estimated Tax Payments to:
Internal Revenue Service
P.O. Box 162
Newark, NJ 07101-0162

OMB No. 1545-0087

Calendar year - Due Jan. 18, 2000

File only if you are making a payment of estimated tax. Return this voucher with check or money order payable to the "United States Treasury." Please write your social security number and "1999 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of payment \$ <u>550</u>	PLEASE PRINT TYPE	Your first name and initial SYLVIA M	Your last name SAMUELS	Your social security number _____
		If joint payment, complete for spouse		
		Spouse's first name and initial	Spouse's last name	Spouse's social security number
		Address (number, street, and apt. no.) 600 PINE HOLLOW ROAD 14-5A City, state, and ZIP code. (If a foreign address, enter city, province or state, postal code, and country.) EAST NORWICH, NY 11732		

For Paperwork Reduction Act Notice, see Instructions on page 5.

Tear off here

1040-V Department of the Treasury Internal Revenue Service (90)		Payment Voucher		OMB No. 1545-0074 1998
▶ Do not staple or attach this voucher to your payment.				
1 Enter the amount of the payment you are sending ▶ \$ 2,181		2 Enter the first four letters of your last name S A M U		3 Enter your social security number
4 If a joint return, enter the SSN shown second on that return		5 Enter your name(s) SYLVIA M SAMUELS Enter your address 600 PINE HOLLOW ROAD 14-5A Enter your city, state, and ZIP code EAST NORWICH, NY 11732		

CFA

Cut along the dotted line.

7
Make your check payable to the "United States Treasury" and
mail Form 1040-V payments with your return to:

Internal Revenue Service
P.O. Box 1187
Newark, NJ 07101-1187

File only if you are making a payment with Form 1040. Return this voucher with check or money order payable to the "United States Treasury."
Please write your social security number, daytime phone number, and "1998 Form 1040" on your check or money order. Please do not send cash.
Enclose, but do not staple or attach, your payment with this voucher.



BERNARD L. MADOFF
Investment Securities
New York □ London

SYLVIA SAMUELS

APT 14-5A
600-14 PINE HOLLOW RD
EAST NORWICH NY 11732

885 Third Avenue
New York, NY 10022
(212) 230-2400
800 334-1343
Fax (212) 838-4061

Affiliated with:
Madoff Securities International Ltd.
12 Berkeley Street
Mayfair London W1X 5AD
0171-493 6222

YOUR ACCOUNT NUMBER
1-50188-7-0

RECEIVED DATING
12/31/98

PAGE
1

DATE	BOUGHT RECEIVED ON DATE	SALE RECEIVED ON DATE	TIME	DESCRIPTION	PRICE ON SYSTEM	AMOUNT DEBITED TO YOUR ACCOUNT	AMOUNT CREDITED TO YOUR ACCOUNT
12/15	2,129	5,062		BALANCE FORWARD TYCO INTERNATIONAL LTD TRANS TO 30 ACCT NEW BALANCE SECURITY POSITIONS ORACLE CORPORATION MARKET VALUE OF SECURITIES LONG 1/8 218,828.75- SHORT	RECD MKT PRICE 43 1/8	108,850.00	247,225.00 138,375.00

PLEASE RETAIN THIS STATEMENT FOR WICOME TAX PURPOSES

Occurrence International Ltd.
12 Berkeley Square
Mayfair, London W1X 5AD
0171-493 6222

DATE	ACCOUNT NUMBER AND DESCRIPTION	SOLD OR RECEIVED ON SHORT	TICKET	DESCRIPTION	PERIOD FOR WHICH	AMOUNT DEBITED TO YOUR ACCOUNT	CASH PAID TO YOU IN FULL
				YEAR-TO-DATE SUMMARY DIVIDENDS		336-00	

Exhibit D

FORM 1040	Department of the Treasury - Internal Revenue Service U.S. Individual Income Tax Return	1999 <small>(99)</small>	IRS Use Only - Do not write or staple in this space. OMB No. 1545-0074																																																												
For the year Jan. 1 - Dec. 31, 1999, or other tax year beginning _____, 1999, ending _____																																																															
Label (See instructions on page 18.) Use the IRS label. Otherwise, please print or type.	LABEL HERE	Your first name and initial SYLVIA M SAMUELS	Your social security number																																																												
		If a joint return, spouse's first name and initial _____	Spouse's social security number																																																												
		Home address (number and street). If you have a P.O. box, see page 18. 600 PINE HOLLOW ROAD 14-5A	IMPORTANT! You must enter your SSN(s) above. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">Yes</td> <td style="width:10%;">No</td> <td style="width:80%;"> Note: Checking "Yes" will not change your tax or reduce your refund. </td> </tr> <tr> <td></td> <td style="text-align: center;">X</td> <td></td> </tr> </table>	Yes	No	Note: Checking "Yes" will not change your tax or reduce your refund.		X																																																							
	Yes	No		Note: Checking "Yes" will not change your tax or reduce your refund.																																																											
		X																																																													
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 18. EAST NORWICH, NY 11732																																																														
	Presidential Election Campaign (See page 18.) Do you want \$3 to go to this fund? _____ If a joint return, does your spouse want \$3 to go to this fund? _____																																																														
Filing Status Check only one box.		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">1</td> <td style="width:5%;"><input checked="" type="checkbox"/></td> <td style="width:90%;">Single</td> <td style="width:10%;"></td> </tr> <tr> <td>2</td> <td><input type="checkbox"/></td> <td>Married filing joint return (even if only one had income)</td> <td></td> </tr> <tr> <td>3</td> <td><input type="checkbox"/></td> <td>Married filing separate return. Enter spouse's soc. sec. no. above & full name here ▶ _____</td> <td></td> </tr> <tr> <td>4</td> <td><input type="checkbox"/></td> <td>Head of household (with qualifying person). (See page 18.) If the qualifying person is a child but not your dependent, enter this child's name here ▶ _____</td> <td></td> </tr> <tr> <td>5</td> <td><input type="checkbox"/></td> <td>Qualifying widow(er) with dependent child (year spouse died ▶ 19 ____). (See page 18.)</td> <td></td> </tr> </table>		1	<input checked="" type="checkbox"/>	Single		2	<input type="checkbox"/>	Married filing joint return (even if only one had income)		3	<input type="checkbox"/>	Married filing separate return. Enter spouse's soc. sec. no. above & full name here ▶ _____		4	<input type="checkbox"/>	Head of household (with qualifying person). (See page 18.) If the qualifying person is a child but not your dependent, enter this child's name here ▶ _____		5	<input type="checkbox"/>	Qualifying widow(er) with dependent child (year spouse died ▶ 19 ____). (See page 18.)																																									
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Exemptions		6a <input checked="" type="checkbox"/> Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. _____ } No. of boxes checked on 6a and 6b 1 b <input type="checkbox"/> Spouse _____ <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:30%;">c Dependents:</th> <th style="width:20%;">(2) Dependent's social security number</th> <th style="width:20%;">(3) Dependent's relationship to you</th> <th style="width:20%;">(4) Child for child tax credit (see page 19)</th> <th style="width:10%;">No. of your children on 5c who:</th> </tr> <tr> <td>(1) First Name Last name</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> <input type="checkbox"/> lived with you <input type="checkbox"/> did not live with you due to divorce or separation (see page 19) </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td colspan="4"> Add numbers entered on lines above ▶ </td> <td style="text-align: center;">1</td> </tr> </table>		c Dependents:	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Child for child tax credit (see page 19)	No. of your children on 5c who:	(1) First Name Last name									<input type="checkbox"/> lived with you <input type="checkbox"/> did not live with you due to divorce or separation (see page 19)																															Add numbers entered on lines above ▶				1										
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Add numbers entered on lines above ▶				1																																																											
Income Attach Copy B of your Forms W-2 and W-2G here. Also attach Form 1099-R if tax was withheld. If you did not get a W-2, see page 20. Enclose, but do not attach any payment. Also, please use Form 1040-V.		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">7 Wages, salaries, tips, etc. Attach Form(s) W-2</td> <td style="width:10%; text-align: center;">7</td> <td style="width:20%; text-align: right;">21,048</td> </tr> <tr> <td>8a Taxable interest. Attach Schedule B if required</td> <td style="text-align: center;">8a</td> <td style="text-align: right;">5,829</td> </tr> <tr> <td>b Tax-exempt interest. DO NOT include on line 8a</td> <td style="text-align: center;">8b</td> <td></td> </tr> <tr> <td>9 Ordinary dividends. Attach Schedule B if required</td> <td style="text-align: center;">9</td> <td style="text-align: right;">2,320</td> </tr> <tr> <td>10 Taxable refunds, credits, or offsets of state and local income taxes (see page 21)</td> <td style="text-align: center;">10</td> <td></td> </tr> <tr> <td>11 Alimony received</td> <td style="text-align: center;">11</td> <td></td> </tr> <tr> <td>12 Business income or (loss). Attach Schedule C or C-EZ</td> <td style="text-align: center;">12</td> <td></td> </tr> <tr> <td>13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/></td> <td style="text-align: center;">13</td> <td style="text-align: right;">36,465</td> </tr> <tr> <td>14 Other gains or (losses). Attach Form 4797</td> <td style="text-align: center;">14</td> <td></td> </tr> <tr> <td>15a Total IRA distributions</td> <td style="text-align: center;">15a</td> <td></td> </tr> <tr> <td>15b Taxable amount (see pg. 22)</td> <td style="text-align: center;">15b</td> <td style="text-align: right;">4,138</td> </tr> <tr> <td>16a Total pensions and annuities</td> <td style="text-align: center;">16a</td> <td></td> </tr> <tr> <td>16b Taxable amount (see pg. 22)</td> <td style="text-align: center;">16b</td> <td></td> </tr> <tr> <td>17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E</td> <td style="text-align: center;">17</td> <td></td> </tr> <tr> <td>18 Farm income or (loss). Attach Schedule F</td> <td style="text-align: center;">18</td> <td></td> </tr> <tr> <td>19 Unemployment compensation</td> <td style="text-align: center;">19</td> <td></td> </tr> <tr> <td>20a Social security benefits</td> <td style="text-align: center;">20a</td> <td></td> </tr> <tr> <td>20b Taxable amount (see pg. 24)</td> <td style="text-align: center;">20b</td> <td style="text-align: right;">5,799</td> </tr> <tr> <td>21 Other income</td> <td style="text-align: center;">21</td> <td></td> </tr> <tr> <td>22 Add the amounts in the far right column for lines 7 through 21. This is your total income</td> <td style="text-align: center;">22</td> <td style="text-align: right;">75,599</td> </tr> </table>		7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	21,048	8a Taxable interest. Attach Schedule B if required	8a	5,829	b Tax-exempt interest. DO NOT include on line 8a	8b		9 Ordinary dividends. Attach Schedule B if required	9	2,320	10 Taxable refunds, credits, or offsets of state and local income taxes (see page 21)	10		11 Alimony received	11		12 Business income or (loss). Attach Schedule C or C-EZ	12		13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	36,465	14 Other gains or (losses). Attach Form 4797	14		15a Total IRA distributions	15a		15b Taxable amount (see pg. 22)	15b	4,138	16a Total pensions and annuities	16a		16b Taxable amount (see pg. 22)	16b		17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17		18 Farm income or (loss). Attach Schedule F	18		19 Unemployment compensation	19		20a Social security benefits	20a		20b Taxable amount (see pg. 24)	20b	5,799	21 Other income	21		22 Add the amounts in the far right column for lines 7 through 21. This is your total income	22	75,599
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Form 1040 (1999) SYLVIA M SAMUELS

Page 2

Tax and Credits

Standard Deduction for Most People
Single: \$4,300
Head of household: \$5,350
Married filing jointly or Qualifying widow(er): \$7,200
Married filing separately: \$3,600

34 Amount from line 33 (adjusted gross income) 34 75,599

35 a Check if: ☒ You were 65 or older, ☐ Blind; ☐ Spouse was 65 or older, ☐ Blind.
Add the number of boxes checked above and enter the total here 35a 1

b If you are married filing separately and your spouse itemizes deductions or you were a dual-status alien, see page 30 and check here 35b ☐

36 Enter your itemized deductions from Schedule A, line 28, OR standard deduction shown on the left. But see page 30 to find your standard deduction if you checked any box on line 35a or 35b or if someone can claim you as a dependent 36 45,246

37 Subtract line 36 from line 34 37 30,353

38 If line 34 is \$94,975 or less, multiply \$2,750 by the total number of exemptions claimed on line 6d. If line 34 is over \$94,975, see the worksheet on page 31 for the amount to enter 38 2,750

39 Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0- 39 27,603

40 Tax (see page 31). Check if any tax is from a ☐ Form(s) 8814 b ☐ Form 4972 40 4,388

41 Credit for child and dependent care expenses. Att. Form 2441 41

42 Credit for the elderly or the disabled. Attach Schedule R 42

43 Child tax credit (see page 33) 43

44 Education credits. Attach Form 8863 44

45 Adoption credit. Attach Form 8839 45

46 Foreign tax credit. Attach Form 1116 if required 46

47 Other. Check if from a ☐ Form 3800 b ☐ Form 8396 c ☐ Form 8801 d ☐ Form (specify) 47

48 Add lines 41 through 47. These are your total credits 48

49 Subtract line 48 from line 40. If line 48 is more than line 40, enter -0- 49 4,388

Other Taxes

50 Self-employment tax. Att. Sch. SE 50

51 Alternative minimum tax. Attach Form 6251 51

52 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 52

53 Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required 53

54 Advance earned income credit payments from Form(s) W-2 54

55 Household employment taxes. Attach Schedule H 55

56 Add lines 49 through 55. This is your total tax 56 4,388

Payments

57 Federal income tax withheld from Forms W-2 and 1099 57 1,921

58 1999 estimated tax payments and amount applied from 1998 return 58 2,200

59 a Earned income credit. Att. Sch. EIC if you have a qualifying child.
b Nontaxable earned income: amt. and type No 59a

60 Additional child tax credit. Attach Form 8812 60

61 Amount paid with request for extension to file (see page 48) 61

62 Excess social security and RRTA tax withheld (see page 48) 62

63 Other payments. Check if from a ☐ Form 2439 b ☐ Form 4136 63

64 Add lines 57, 58, 59a, and 60 through 63. These are your total payments 64 4,121

Refund

Have it directly deposited! See page 48 and fill in 66b, 66c, and 66d.

65 If line 64 is more than line 56, subtract line 56 from line 64. This is the amount you OVERPAID 65

66a Amount of line 65 you want REFUNDED TO YOU 66a

b Routing number c Type: ☐ Checking ☐ Savings

d Account number

67 Amount of line 65 you want APPLIED TO 2000 ESTIMATED TAX 67

Amount You Owe

68 If line 56 is more than line 64, subtract line 64 from line 56. This is the AMOUNT YOU OWE. For details on how to pay, see page 49 68 267

69 Estimated tax penalty. Also include on line 68 69

Sign Here

Joint return? See page 18. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature _____ Date _____ Your occupation TEACHING ASST Daytime telephone number (optional) _____

Spouse's signature. If a joint return, BOTH must sign. _____ Date _____ Spouse's occupation _____

Paid Preparer's Use Only

Preparer's signature HARRIS POLANSKY Date _____ Check if self-employed ☐ Preparer's SSN or PTIN 11-3385923

Firm's name (or yours if self-employed) and address POLANSKY, KULBERG & CO., LLP ONE OLD COUNTRY ROAD CARLE PLACE, NY ZIP code 11514

SCHEDULES A&B
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on Form 1040

Schedule A - Itemized Deductions

► Attach to Form 1040. ► See instructions for Schedules A and B (Form 1040).

OMB No. 1545-0074

1999

Attachment
Sequence No. **07**

Your social security number

SYLVIA M SAMUELS

Medical and Dental Expenses		Caution: Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see page A-1) <u>Statement</u>3	1		702	
2	Enter amount from Form 1040, line 34 2 75,599	2			
3	Multiply line 2 above by 7.5% (.075)	3		5,670	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			0
Taxes You Paid		5	State and local income taxes	1,414	
6	Real estate taxes (see page A-2)	6			
7	Personal property taxes	7			
8	Other taxes. List type and amount	8			
9	Add lines 5 through 8	9			1,414
Interest You Paid		10	Home mortgage interest and points reported on Form 1098		
11	Home mortgage interest not reported on Form 1098. If paid to the person from whom you bought the home, see page A-3 & show that person's name, ID no. & address	11			
12	Points not reported on Form 1098. See page A-3	12			
13	Investment interest. Attach Form 4952, if required. (See page A-4) <u>See Statement</u> ...4.....	13		43,565	
14	Add lines 10 through 13	14			43,565
Gifts to Charity		15	Gifts by cash or check. If any gift of \$250 or more, see pg. A-4. <u>St</u> ...5	267	
16	Other than by cash or check. If any gift of \$250 or more, see page A-4. You MUST attach Form 8283 if over \$500	16			
17	Carryover from prior year	17			
18	Add lines 15 through 17	18			267
Casualty and Theft Losses		19	Casualty or theft loss(es). Attach Form 4684. (See page A-5.)		0
Job Expenses and Most Other Miscellaneous Deductions		20	Unreimbursed employee expenses - job travel, union dues, job education, etc. You MUST attach Form 2106 or 2106-EZ if required. (See page A-5.) ► <u>TEACHING BOOKS & AIDS</u> 125 <u>Union & Professional Dues</u> 122		
21	Tax preparation fees	21			
22	Other expenses - investment, safe deposit box, etc. List type and amount	22			
23	Add lines 20 through 22	23		247	
24	Enter amount from Form 1040, line 34 24 75,599	24			
25	Multiply line 24 above by 2% (.02)	25		1,512	
26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	26			0
Other Miscellaneous Deductions		27	Other - from list on page A-6. List type and amount		0
Total Itemized Deductions		28	Is Form 1040, line 34, over \$126,600 (over \$63,300 if married filing separately)? <input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 36. <input type="checkbox"/> Yes. Your deduction may be limited. See page A-6 for the amount to enter.		45,246

Your social security number

Attachment Sequence No. 08

Attachment Sequence No. 08

24

1

5,829

2

1

Amount

-10,766

1

Yes	No
-----	----

Х



	X
--	---

**SCHEDULE D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

1999

Department of the Treasury
Internal Revenue Service (99)

- ▶ Attach to Form 1040. ▶ See instructions for Schedule D (Form 1040).
▶ Use Schedule D-1 for more space to list transactions for lines 1 and 8.

Attachment
Sequence No. **12**

Name(s) shown on Form 1040

Your social security number

SYLVIA M SAMUELS

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example, 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-5)	(e) Cost or other basis (see page D-5)	(f) GAIN or (LOSS) Subtract (e) from (d)	
DAIMLER CHRYSLER	12/10/99	4/06/99	160,820	124,355	36,465	
US TREASURY	Various	1/07/99	300,000	300,000	0	
JOHNSON & JOHNSON SHORT SALE		3/08/99	336,000	336,000	0	
AT&T SHORT SALE		3/26/99	306,000	306,000	0	
2 Enter your short-term totals, if any, from Schedule D-1, line 2			2			
3 Total short-term sales price amounts. Add column (d) of lines 1 and 2			3	1,102,820		
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824					4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1					5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your 1998 Capital Loss Carryover Worksheet					6	
7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f)					7	36,465

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example, 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-5)	(e) Cost or other basis (see page D-5)	(f) GAIN or (LOSS) Subtract (e) from (d)	(g) 28% RATE GAIN or (LOSS) * (see instr. below)
9 Enter your long-term totals, if any, from Schedule D-1, line 9			9			
10 Total long-term sales price amounts. Add column (d) of lines 8 and 9			10			
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824					11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1					12	
13 Capital gain distributions. See page D-1					13	
14 Long-term capital loss carryover. Enter in both columns (f) and (g) the amount, if any, from line 13 of your 1998 Capital Loss Carryover Worksheet					14	
15 Combine lines 8 through 14 in column (g)					15	
16 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f)					16	

Next: Go to Part III on the back.

* 28% Rate Gain or Loss includes all "collectibles gains and losses" (as defined on page D-5) and up to 50% of the eligible gain on qualified small business stock (see page D-4).

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule D (Form 1040) 1999

Schedule D (Form 1040) 1999

SYLVIA M SAMUELS

Page 2

Part III Summary of Parts I and II

17 Combine lines 7 and 16. If a loss, go to line 18. If a gain, enter the gain on Form 1040, line 13	17	36,465
Next: Complete Form 1040 through line 39. Then, go to Part IV to figure your tax if: <ul style="list-style-type: none"> Both lines 16 and 17 are gains, and Form 1040, line 39, is more than zero. 		
18 If line 17 is a loss, enter here and as a (loss) on Form 1040, line 13, the smaller of these losses: <ul style="list-style-type: none"> The loss on line 17; or (\$3,000) or, if married filing separately, (\$1,500) 	18	()
Next: Skip Part IV below. Instead, complete Form 1040 through line 37. Then, complete the Capital Loss Carryover Worksheet on page D-6 if: <ul style="list-style-type: none"> The loss on line 17 exceeds the loss on line 18, or Form 1040, line 37, is a loss. 		

Part IV Tax Computation Using Maximum Capital Gains Rates

19 Enter your taxable income from Form 1040, line 39	19	
20 Enter the smaller of line 16 or line 17 of Schedule D	20	
21 If you are filing Form 4952, enter the amount from Form 4952, line 4e	21	
22 Subtract line 21 from line 20. If zero or less, enter -0-	22	
23 Combine lines 7 and 15. If zero or less, enter -0-	23	
24 Enter the smaller of line 15 or line 23, but not less than zero	24	
25 Enter your unrecaptured section 1250 gain, if any, from line 16 of the worksheet on page D-7	25	
26 Add lines 24 and 25	26	
27 Subtract line 26 from line 22. If zero or less, enter -0-	27	
28 Subtract line 27 from line 19. If zero or less, enter -0-	28	
29 Enter the smaller of: <ul style="list-style-type: none"> The amount on line 19, or \$25,750 if single; \$43,050 if married filing jointly or qualifying widow(er); \$21,525 if married filing separately; or \$34,550 if head of household 	29	
30 Enter the smaller of line 28 or line 29	30	
31 Subtract line 22 from line 19. If zero or less, enter -0-	31	
32 Enter the larger of line 30 or line 31	32	
33 Figure the tax on the amount on line 32. Use the Tax Table or Tax Rate Schedules, whichever applies Note: If line 29 is less than line 28, go to line 38.	33	
34 Enter the amount from line 29	34	
35 Enter the amount from line 28	35	
36 Subtract line 35 from line 34. If zero or less, enter -0-	36	
37 Multiply line 36 by 10% (.10) Note: If line 27 is more than zero and equal to line 36, go to line 52.	37	
38 Enter the smaller of line 19 or line 27	38	
39 Enter the amount from line 36	39	
40 Subtract line 39 from line 38	40	
41 Multiply line 40 by 20% (.20) Note: If line 25 is zero or blank, skip lines 42 through 47 and read the note above line 48.	41	
42 Enter the smaller of line 22 or line 25	42	
43 Add lines 22 and 32	43	
44 Enter the amount from line 19	44	
45 Subtract line 44 from line 43. If zero or less, enter -0-	45	
46 Subtract line 45 from line 42. If zero or less, enter -0-	46	
47 Multiply line 46 by 25% (.25) Note: If line 24 is zero or blank, go to line 52.	47	
48 Enter the amount from line 19	48	
49 Add lines 32, 36, 40, and 46	49	
50 Subtract line 49 from line 48	50	
51 Multiply line 50 by 28% (.28)	51	
52 Add lines 33, 37, 41, 47, and 51	52	
53 Figure the tax on the amount on line 19. Use the Tax Table or Tax Rate Schedules, whichever applies	53	
54 Tax on all taxable income including capital gains. Enter the smaller of line 52 or line 53 here and on Form 1040, line 40	54	0

Form **4952**

Investment Interest Expense Deduction

OMB No. 1545-0191

1999

Department of the Treasury
Internal Revenue Service

(99)

► Attach to your tax return.

Attachment
Sequence No. **72**

Name(s) shown on return

Identifying number

SYLVIA M SAMUELS

Part I Total Investment Interest Expense

1 Investment interest expense paid or accrued in 1999. See instructions	1	34,595
2 Disallowed investment interest expense from 1998 Form 4952, line 7	2	8,970
3 Total investment interest expense. Add lines 1 and 2	3	43,565

Part II Net Investment Income

4a Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)	4a	8,149
b Net gain from the disposition of property held for investment	4b	36,465
c Net capital gain from the disposition of property held for investment	4c	
d Subtract line 4c from line 4b. If zero or less, enter -0-	4d	36,465
e Enter all or part of the amount on line 4c, if any, that you elect to include in investment income. Do not enter more than the amount on line 4b. See instructions	4e	
f Investment income. Add lines 4a, 4d, and 4e. See instructions	4f	44,614
5 Investment expenses. See instructions	5	
6 Net investment income. Subtract line 5 from line 4f. If zero or less, enter -0-	6	44,614

Part III Investment Interest Expense Deduction

7 Disallowed investment interest expense to be carried forward to 2000. Subtract line 6 from line 3. If zero or less, enter -0-	7	0
8 Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions	8	43,565

1999

Federal Statements

Page 1

Client 2063

SYLVIA M SAMUELS

03/21/00

08:42 pm

Statement 1
Form 1040
Wage Schedule

Taxpayer - Employer	Wages	Federal W/H	FICA	Medi- care	State W/H	Local W/H
GT NECK PUB SCH	21,048	1,921	1,345	315	598	
Grand Total	21,048	1,921	1,345	315	598	0

Statement 2
Form 1040
IRA Distribution Schedule

Taxpayer - Payer	Total Received	Taxable Amount	Federal W/H	State W/H
CHARLES SCHWAB	4,138	4,138		
Grand Total	4,138	4,138	0	0

Statement 3
Schedule A, Line 1
Medical and Dental Expenses

Insurance Premiums	\$	702
Total	\$	702

Statement 4
Schedule A, Line 13
Investment Interest

BERNARD MADOFF	\$	34,595
Investment Interest Carryover		8,970
Total	\$	43,565

Statement 5
Schedule A, Line 15
Contributions by Cash or Check

MISCELLANEOUS ORGANIZED CHARITIES	\$	267
Total	\$	267

Form **1040-ES**

Department of the Treasury
Internal Revenue Service

Payment
2000 Voucher 1

Mail to: Internal Revenue Service
P.O. Box 162
Newark, NJ 07101-0162

OMB No. 1545-0087

Calendar year - Due April 17, 2000

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the "United States Treasury." Write your social security number and "2000 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Enter the amount you are paying by check or money order \$ 620	PLEASE PRINT	Your first name and initial SYLVIA M	Your last name SAMUELS	Your social security number
		If joint payment, complete for spouse		
		Spouse's first name and initial	Spouse's last name	Spouse's social security number
		Address (number, street, and apt. no.) 600 PINE HOLLOW ROAD 14-5A		
		City, state, and ZIP code (If a foreign address, enter city, province or state, postal code, and country.) EAST NORWICH, NY 11732		

KFA For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 5.

Tear off here

Form **1040-ES**

Department of the Treasury
Internal Revenue Service

Payment
2000 Voucher 2

Mail to: Internal Revenue Service
P.O. Box 162
Newark, NJ 07101-0162

OMB No. 1545-0087

Calendar year - Due June 15, 2000

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the "United States Treasury." Write your social security number and "2000 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Enter the amount you are paying by check or money order \$ 620	PLEASE PRINT	Your first name and initial SYLVIA M	Your last name SAMUELS	Your social security number
		If joint payment, complete for spouse		
		Spouse's first name and initial	Spouse's last name	Spouse's social security number
		Address (number, street, and apt. no.) 600 PINE HOLLOW ROAD 14-5A		
		City, state, and ZIP code (If a foreign address, enter city, province or state, postal code, and country.) EAST NORWICH, NY 11732		

KFA For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 5.

Tear off here

Form **1040-ES**

Department of the Treasury
Internal Revenue Service

2000 Payment Voucher 3

Mail to: Internal Revenue Service
P.O. Box 162
Newark, NJ 07101-0162

OMB No. 1545-0087

Calendar year - Due Sept. 15, 2000

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the "United States Treasury." Write your social security number and "2000 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Enter the amount you are paying by check or money order \$ 620	PLEASE PRINT	Your first name and initial SYLVIA M	Your last name SAMUELS	Your social security number
		If joint payment, complete for spouse		
		Spouse's first name and initial	Spouse's last name	Spouse's social security number
		Address (number, street, and apt. no.) 600 PINE HOLLOW ROAD 14-5A City, state, and ZIP code (if a foreign address, enter city, province or state, postal code, and country.) EAST NORWICH, NY 11732		

KFA For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 5.

Tear off here

Form **1040-ES**

Department of the Treasury
Internal Revenue Service

2000 Payment Voucher 4

Mail to: Internal Revenue Service
P.O. Box 162
Newark, NJ 07101-0162

OMB No. 1545-0087

Calendar year - Due Jan. 16, 2001

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the "United States Treasury." Write your social security number and "2000 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Enter the amount you are paying by check or money order \$ 620	PLEASE PRINT	Your first name and initial SYLVIA M	Your last name SAMUELS	Your social security number
		If joint payment, complete for spouse		
		Spouse's first name and initial	Spouse's last name	Spouse's social security number
		Address (number, street, and apt. no.) 600 PINE HOLLOW ROAD 14-5A City, state, and ZIP code (if a foreign address, enter city, province or state, postal code, and country.) EAST NORWICH, NY 11732		

KFA For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 5.

Tear off here

FORM 1040-V Department of the Treasury Internal Revenue Service (99)	Payment Voucher		OMB No. 1545-0074
	▶ Do not staple or attach this voucher to your payment.		1999
1 Enter the amount you are paying by check or money order ▶ \$ 267		2 Enter the first four letters of your last name S A M U	3 Enter your social security number
4 If a joint return, enter the SSN shown second on that return		5 Enter your name(s) SYLVIA M SAMUELS Enter your address 600 PINE HOLLOW ROAD 14-5A Enter your city, state, and ZIP code EAST NORWICH, NY 11732	

KFA

Cut along the dotted line.

Make your check payable to the "United States Treasury" and
mail Form 1040-V payments with your return to:

Internal Revenue Service
P.O. Box 1187
Newark, NJ 07101-1187

File only if you are making a payment with Form 1040. Return this voucher with check or money order payable to the "United States Treasury."
Please write your social security number, daytime phone number, and "1999 Form 1040" on your check or money order. Please do not send cash.
Enclose, but do not staple or attach, your payment with this voucher.

New York State Department of Taxation and Finance

Resident Income Tax Return

1999

IT-201

New York State • City of New York • City of Yonkers

For the year January 1, 1999 through December 31, 1999, or fiscal tax year beginning

99

For office use only

ATTACH LABEL TO RETURN	Please enter your first name first. For a joint return, use both name lines.		and ending	
	Your first name and middle initial	Your last name (for a joint return, enter spouse's name below)	V Your social security no.	
	SYLVIA M	SAMUELS		
	Spouse's first name and middle initial	Spouse's last name	V Spouse's social security no.	
Mailing address (number and street or rural route)		Apartment number	New York State county of residence	
600 PINE HOLLOW ROAD		14-5A	• NASSAU	
City, village or post office		State	ZIP code	School district name
EAST NORWICH		NY	11732	• OYSTER BAY
Permanent home address (see page 34) (number and street or rural route)		Apartment number	School district code number	
			476	
City, village or post office		State	ZIP code	If taxpayer is deceased, enter first/last name and date of death.
		NY		

(A) Filing status - (1) ☒ Single

(2) ☐ Married filing joint return (enter spouse's social security number above)

(3) ☐ Married filing separate return (enter spouse's social security number above)

(4) ☐ Head of household (with qualifying person)

(5) ☐ Qualifying widow(er) with dependent child

(B) Did you itemize your deductions on your 1999 federal income tax return? ☒ Yes ☐ No

(C) Can you be claimed as a dependent on another taxpayer's federal return? ☐ Yes ☒ No

(D) If you do not need forms mailed to you next year, mark an "X" in the box (see page 15) ☒ X

(E) City of New York residents only: (see page 15)

(1) Were you 65 or older on 1/1/2000? ☐ Yes ☒ No

(2) Was your spouse 65 or older on 1/1/2000? ☐ Yes ☒ No

Federal income and adjustments

- 1 Wages, salaries, tips, etc
- 2 Taxable interest income
- 3 Ordinary dividends
- 4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 23 below)
- 5 Alimony received
- 6 Business income or loss (attach copy of federal Schedule C or C-EZ, Form 1040)
- 7 Capital gain or loss (if required, attach copy of federal Schedule D, Form 1040)
- 8 Other gains or losses (attach copy of federal Form 4797)
- 9 Taxable amount of IRA distributions
- 10 Taxable amount of pensions and annuities
- 11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (attach copy of federal Sch. E, Form 1040)
- 12 Farm income or loss (attach copy of federal Schedule F, Form 1040)
- 13 Unemployment compensation
- 14 Taxable amount of social security benefits (also enter on line 25 below)
- 15 Other income (see page 17)
- 16 Add lines 1 through 15
- 17 Total federal adjustments to income (see page 17)
- 18 Subtract line 17 from line 16. This is your federal adjusted gross income.

For lines 1 through 18 below, enter your income items and total adjustments as they appear on your federal return (see page 16). Also, see instructions on page 16 for showing a loss.

Dollars	
1.	21,048.
2.	5,829.
3.	2,320.
4.	.
5.	.
6.	.
7.	36,465.
8.	.
9.	4,138.
10.	.
11.	.
12.	.
13.	.
14.	5,799.
15.	.
16.	75,599.
17.	.
18.	75,599.

New York additions: (see page 18)

- 19 Interest income on state and local bonds and obligations (but not those of NY State or its local governments)
- 20 Public employee 414(h) retirement contributions from your wage and tax statements (see page 18)
- 21 Other (see page 18)
- 22 Add lines 18 through 21

19.	.
20.	651.
21.	.
22.	76,250.

New York subtractions: (see page 21)

- 23 Taxable refunds, credits, or offsets of state & local income taxes (in 4 above)
- 24 Pensions of NYS & local governments & federal government (see page 21)
- 25 Taxable amount of social security benefits (from line 14 above)
- 26 Interest income on U.S. government bonds
- 27 Pension and annuity income exclusion
- 28 Other (see page 21)
- 29 Add lines 23 through 28

23.	.
24.	.
25.	5,799.
26.	5,730.
27.	4,138.
28.	.

29.	15,667.
-----	---------

30 Subtract line 29 from line 22. This is your New York adjusted gross income (enter the line 30 amount on line 31 on the back page.)

30.	60,583.
-----	---------

1999

Tax computation (see page 25) SYLVIA M. SAMUELS		IT-201 (1999) (back)	Dollars
31 Enter the amount from line 30 on the front page (this is your New York adjusted gross income)		31.	60,583.
32 Enter the larger of your standard deduction (from pg 25) or your itemized deduction (from Form IT-201-ATT, Part I, line 14; attach form). Mark an "X" in the appropriate box <input type="checkbox"/> Standard <input checked="" type="checkbox"/> Itemized		32.	43,832.
33 Subtract line 32 from line 31		33.	16,751.
34 Exemptions for dependents only (not the same as total federal exemptions; see page 25)		34.	,000.
35 Subtract line 34 from line 33. This is your taxable income		35.	16,751.
36 NY State tax on line 35 amount (use red NY State Tax Table on page 57; if line 31 is more than \$100,000, see page 25)		36.	783.
New York State credits and other taxes (see page 26)			
37 New York State household credit (from table I, II or III, page 25)		37.	
38 Subtract line 37 from line 36 (if line 37 is more than line 36, leave blank)		38.	783
39 New York State nonrefundable credits (from Form IT-201-ATT, Part IV, line 52)		39.	
40 Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)		40.	783.
41 Net other New York State taxes (from Form IT-201-ATT, Part II, line 32; attach form)		41.	
42 Add lines 40 and 41. This is the total of your New York State taxes		42.	783.
City of New York and City of Yonkers taxes and credits			
43 City of NY resident tax (use the City of NY Tax Table on white pages 65-72)		43.	
44 City of New York household credit (from table IV, V or VI, page 27)		44.	
45 Subtract line 44 from line 43 (if line 44 is more than line 43, leave blank)		45.	
46 Other city of New York taxes (from Form IT-201-ATT, Part III, line 37; attach form)		46.	
47 Add lines 45 and 46		47.	
48 City of NY nonrefundable credits (from Form IT-201-ATT, Part IV, line 55)		48.	
49 Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank)		49.	
50 City of New York nonresident earnings tax (attach Form NYC-203)		50.	
51 City of Yonkers resident income tax surcharge (see page 28)		51.	
52 City of Yonkers nonresident earnings tax (attach Form Y-203)		52.	
53 Part-year city of Yonkers resident income tax surcharge (attach Form IT-360.1)		53.	
54 Add lines 49 through 53. This is the total of your city of New York and city of Yonkers taxes		54.	
Voluntary gifts/contributions (whole dollar amounts only; see page 29)			
55 Return a Gift to Wildlife <input checked="" type="checkbox"/> w Missing/Exploited Children Fund <input checked="" type="checkbox"/> c Breast Cancer Research Fund <input checked="" type="checkbox"/> b Olympic Fund <input checked="" type="checkbox"/> o Total gifts/contributions		55.	
56 Add lines 42, 54, and 55. This is your total NY State, New York City and Yonkers taxes, and gifts/contributions		56.	783.
Payments and refundable credits (see page 29)			
57 NY State child and dependent care credit (from Form IT-218; attach form)		57.	
58 NY State earned income credit (from Form IT-215; attach form)		58.	
59 Real property tax credit (from Form IT-214, line 17; attach form)		59.	
60 City of NY school tax credit (also complete (E) on front; see page 29)		60.	
61 Other refundable credits (from Form IT-201-ATT, Part IV, line 67)		61.	
62 Total New York State tax withheld		62.	598.
63 Total city of New York tax withheld		63.	
64 Total city of Yonkers tax withheld		64.	
65 Total of estimated tax payments, and amount paid with extension from IT-370		65.	360.
66 Add lines 62 and 65. This is the total of your payments		66.	958.
Refund - If line 66 is more than line 56, figure your refund: (see page 32)			
67 Subtract line 56 from line 66. This is the amount you overpaid		67.	175.
68 Amount of line 67 that you want refunded to you <input type="checkbox"/> Refund <input type="checkbox"/> Savings		68.	175.
a Routing number : <input type="text"/> b Type: <input type="text"/> Checking <input type="text"/> Savings			
c Account number : <input type="text"/>			
69 Estimated tax only Amount of line 67 that you want applied to your 2000 estimated tax. (Do not include any amount that you claimed as a refund on line 68)		69.	
Amount you owe - If line 66 is less than line 56, figure the amount you owe: (see page 33)			
70 Subtract line 66 from line 56. This is the amount you owe. (Make check or money order payable to NYS Department of Taxation; write your social security number and 1999 1999 Income Tax on it.)		Owe	70.
71 Estimated tax penalty (Include this amount in line 70 or reduce the overpayment on line 67. See page 33)		71.	
72 I authorize the Tax Department to discuss this return with the paid preparer listed below. (Mark the Yes or No box; see pg. 33) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

See instructions on page 26 through 30 for figuring city of New York and city of Yonkers taxes, credits, and tax surcharges.

Mail your completed return to:
STATE PROCESSING CENTER
PO BOX 81000
ALBANY, NY 12261-0001

Staple your wage and tax statements at the top of the back of this return.

◀ You can choose to have your refund sent directly to your bank account. See instructions and fill in lines 68a, b, and c.

See Step 7, page 35, for the proper assembly of your return and attachments.

Sign your return below.

Paid preparer's use only	Preparer's signature HARRIS POLANSKY	Date	Mark "X" if self-employed <input type="checkbox"/>	Sign your return here	Your Signature	Date	Daytime phone number (optional)
					Spouse's signature (if joint return)		
	POLANSKY, KULBERG & CO., LLP ONE OLD COUNTRY ROAD CARLE PLACE, NY 11514		Employer identification number 11-3385923				

1999

New York State Department of Taxation and Finance
**Itemized Deduction, and
Other Taxes and Tax Credits**
Attachment to Form IT-201

IT-201-ATT

See instructions for Form IT-201-ATT on pages 36 through 41 of your Form IT-201 instructions booklet (IT-201-I or IT-201-P) for assistance.

Name(s) as shown on Form IT-201

Your social security number

SYLVIA M SAMUELS

- If you claim the New York itemized deduction on line 32 of your Form IT-201, you must complete Part I below and attach this Form IT-201-ATT to your return.

- Complete all parts that apply.
- Attach this Form IT-201-ATT, and any other forms that apply, to your Form IT-201.

Part I - New York State itemized deductions (see page 36)

Dollars

1	Medical and dental expenses (from federal Schedule A, line 4)	1.	
2	Taxes you paid (from federal Schedule A, line 9)	2.	1,414.
3	Interest you paid (from federal Schedule A, line 14)	3.	43,565.
4	Gifts to charity (from federal Schedule A, line 18)	4.	267.
5	Casualty and theft losses (from federal Schedule A, line 19)	5.	-
6	Job expenses and most other miscellaneous deductions (from federal Schedule A, line 26)	6.	-
7	Other miscellaneous deductions (from federal Schedule A, line 27)	7.	-
8	Total itemized deductions (from federal Schedule A, line 28)	8.	45,246.
9	State, local, and foreign income taxes and other subtraction adjustments (see page 36)	9.	1,414.
10	Subtract line 9 from line 8	10.	43,832.
11	Addition adjustments (see page 37)	11.	-
12	Add lines 10 and 11	12.	43,832.
13	Itemized deduction adjustment (see page 37)	13.	-
14	Subtract line 13 from line 12. This is your New York State itemized deduction. (Enter here and on Form IT-201, line 32. Attach this form to your Form IT-201.)	14.	43,832.

Part II - Other New York State taxes (see page 38) Attach all applicable forms.

15	New York State tax on capital gain portion of lump-sum distributions (from Form IT-230)	15.	-
16	Add-back of investment credit on early dispositions (from Form IT-212)	16.	-
17	Add-back of financial services industry investment credit on early dispositions (from Form IT-252)	17.	-
18	Add-back of financial services industry EDZ investment tax credit and EDZ employment incentive credit on early dispositions (from Form DTF-605)	18.	-
19	Add-back of EDZ capital tax credit, EDZ investment tax credit, and EDZ employment incentive credit on early dispositions (total from Form DTF-602 or DTF-603; or both; attach forms that apply)	19.	-
20	Add-back of resident credit for taxes paid to a province of Canada (from Form IT-112-R)	20.	-
21	Add-back of farmers' school tax credit on converted property (from Form IT-217)	21.	-
22	Add-back of alternative fuels credit on early dispositions (from Form IT-253)	22.	-
23	Add lines 15 through 22	23.	-
24	Amount from Form IT-201, line 39	24.	-
25	Amount from Form IT-201, line 38	25.	783.
26	Subtract line 25 from line 24 (if line 25 is more than line 24, leave blank)	26.	-
27	Subtract line 26 from line 23 (if line 26 is more than line 23, leave blank)	27.	-
28	New York State separate tax on lump-sum distributions (from Form IT-230)	28.	-
29	Resident credit against separate tax on lump-sum distributions (from Form IT-112-1; attach form and a copy of the return filed with the other state or province of Canada)	29.	-
30	Subtract line 29 from line 28	30.	-
31	New York State minimum income tax (from Form IT-220)	31.	-
32	Add lines 27, 30, and 31. This is your Net other New York State taxes. Enter this amount here and on Form IT-201, line 41	32.	-

**SCHEDULE D
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on Form 1040

Capital Gains and Losses

- Attach to Form 1040. ► See instructions for Schedule D (Form 1040).
► Use Schedule D-1 for more space to list transactions for lines 1 and 8.

OMB No. 1545-0074

1999Attachment
Sequence No. **12**

Your social security number

SYLVIA M SAMUELS

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example, 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-5)	(e) Cost or other basis (see page D-5)	(f) GAIN or (LOSS) Subtract (e) from (d)
DAIMLER CHRYSLER	12/10/99	4/06/99	160,820	124,355	36,465
US TREASURY	Various	1/07/99	300,000	300,000	0
JOHNSON & JOHNSON SHORT SALE		3/08/99	336,000	336,000	0
AT&T SHORT SALE		3/26/99	306,000	306,000	0
2 Enter your short-term totals, if any, from Schedule D-1, line 2			2		
3 Total short-term sales price amounts. Add column (d) of lines 1 and 2			3	1,102,820	
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824					4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1					5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your 1998 Capital Loss Carryover Worksheet					6 ()
7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f)					7 36,465

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example, 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-5)	(e) Cost or other basis (see page D-5)	(f) GAIN or (LOSS) Subtract (e) from (d)	(g) 28% RATE GAIN or (LOSS) * (see instr. below)
9 Enter your long-term totals, if any, from Schedule D-1, line 9			9			
10 Total long-term sales price amounts. Add column (d) of lines 8 and 9			10			
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824					11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1					12	
13 Capital gain distributions. See page D-1					13	
14 Long-term capital loss carryover. Enter in both columns (f) and (g) the amount, if any, from line 13 of your 1998 Capital Loss Carryover Worksheet					14 () ()	
15 Combine lines 8 through 14 in column (g)					15	
16 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f)					16	

Next: Go to Part III on the back.

* 28% Rate Gain or Loss includes all "collectibles gains and losses" (as defined on page D-5) and up to 50% of the eligible gain on qualified small business stock (see page D-4).

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule D (Form 1040) 1999

Schedule D (Form 1040) 1999 SYLVIA M SAMUELS

Page 1

Part III Summary of Parts I and II

17 Combine lines 7 and 16. If a loss, go to line 18. If a gain, enter the gain on Form 1040, line 13	17	36,465
Next: Complete Form 1040 through line 39. Then, go to Part IV to figure your tax if:		
<ul style="list-style-type: none"> Both lines 16 and 17 are gains, and Form 1040, line 39, is more than zero. 		
18 If line 17 is a loss, enter here and as a (loss) on Form 1040, line 13, the smaller of these losses:	18	
<ul style="list-style-type: none"> The loss on line 17; or (\$3,000) or, if married filing separately, (\$1,500) 		
Next: Skip Part IV below. Instead, complete Form 1040 through line 37. Then, complete the Capital Loss Carryover Worksheet on page D-6 if:		
<ul style="list-style-type: none"> The loss on line 17 exceeds the loss on line 18, or Form 1040, line 37, is a loss. 		

Part IV Tax Computation Using Maximum Capital Gains Rates

19 Enter your taxable income from Form 1040, line 39	19	
20 Enter the smaller of line 16 or line 17 of Schedule D	20	
21 If you are filing Form 4952, enter the amount from Form 4952, line 4e	21	
22 Subtract line 21 from line 20. If zero or less, enter -0-	22	
23 Combine lines 7 and 15. If zero or less, enter -0-	23	
24 Enter the smaller of line 15 or line 23, but not less than zero	24	
25 Enter your unrecaptured section 1250 gain, if any, from line 16 of the worksheet on page D-7	25	
26 Add lines 24 and 25	26	
27 Subtract line 26 from line 22. If zero or less, enter -0-	27	
28 Subtract line 27 from line 19. If zero or less, enter -0-	28	
29 Enter the smaller of:	29	
<ul style="list-style-type: none"> The amount on line 19, or \$25,750 if single; \$43,050 if married filing jointly or qualifying widow(er); \$21,525 if married filing separately; or \$34,550 if head of household 		
30 Enter the smaller of line 28 or line 29	30	
31 Subtract line 22 from line 19. If zero or less, enter -0-	31	
32 Enter the larger of line 30 or line 31	32	
33 Figure the tax on the amount on line 32. Use the Tax Table or Tax Rate Schedules, whichever applies	33	
Note: If line 29 is less than line 28, go to line 38.		
34 Enter the amount from line 29	34	
35 Enter the amount from line 28	35	
36 Subtract line 35 from line 34. If zero or less, enter -0-	36	
37 Multiply line 36 by 10% (.10)	37	
Note: If line 27 is more than zero and equal to line 38, go to line 52.		
38 Enter the smaller of line 19 or line 27	38	
39 Enter the amount from line 36	39	
40 Subtract line 39 from line 38	40	
41 Multiply line 40 by 20% (.20)	41	
Note: If line 25 is zero or blank, skip lines 42 through 47 and read the note above line 48.		
42 Enter the smaller of line 22 or line 25	42	
43 Add lines 22 and 32	43	
44 Enter the amount from line 19	44	
45 Subtract line 44 from line 43. If zero or less, enter -0-	45	
46 Subtract line 45 from line 42. If zero or less, enter -0-	46	
47 Multiply line 46 by 25% (.25)	47	
Note: If line 24 is zero or blank, go to line 52.		
48 Enter the amount from line 19	48	
49 Add lines 32, 36, 40, and 46	49	
50 Subtract line 49 from line 48	50	
51 Multiply line 50 by 28% (.28)	51	
52 Add lines 33, 37, 41, 47, and 51	52	
53 Figure the tax on the amount on line 19. Use the Tax Table or Tax Rate Schedules, whichever applies	53	
54 Tax on all taxable income including capital gains. Enter the smaller of line 52 or line 53 here and on Form 1040, line 40	54	0

SYLVIA SAMUELS

**885 Third Avenue
New York, NY 10022
(212) 230-2400
800 334-1343
Fax (212) 838-4061**

Mayfair, London W1X 5AD
Tel 0171-493 6222

12/31/99

1

[illegible]



BERNARD L. MADOFF
Investment Securities
New York, London

885 Third Avenue
New York, NY 10022
(212) 230-2400
800 334-1343
Fax (212) 838-4061

Affiliated with
Maddoff Securities International Limited
12 Berkeley Street
Mayfair, London W1X 5AD
Tel 0171-493 6222

SYLVIA SAMUELS

APT 14-5A
600-14 PINE HOLLOW RD
EAST NORWICH NY 11732

FROM ACCOUNT NUMBER
1-50188-3-0

MEMO DATES
12/31/99

PAGE
2

FROM DATE SYSTEM IDENTIFICATION NUMBER

DATE	AMOUNT DEBITED TO YOUR ACCOUNT	AMOUNT CREDITED TO YOUR ACCOUNT	DESCRIPTION	PRICE OR SYMBOL	AMOUNT CREDITED TO YOUR ACCOUNT	AMOUNT CREDITED TO YOUR ACCOUNT
			YEAR-TO-DATE SUMMARY			
			DIVIDENDS			
			MARGIN INTEREST			
			GROSS PROCEEDS FROM SALES			
					34,595.38	13,086.22
						300,000.00

PLEASE RETAIN THIS STATEMENT FOR INCOME TAX PURPOSES

BERNARD L. MADOFF
Investment Securities
New York & London

SYLVIA SAMUELS

APT 14-5A
600-14 PINE HOLLOW RD
EAST NORWICH NY 11732

885 Third Avenue
New York, NY 10022
(212) 230-2400
800 894-1943
Fax (212) 838-4061

Affiliated with
Madoff Securities International Limited
12 Berkeley Street
Mayfair, London W1X 5AD
Tel 0171-493 6222

1-800-850-8500
1-501-88-7-0

12/31/99

1

DATE	BOUGHT RECEIVED OR LOAN	SELL RECEIVED OR LOAN	TYPE	DESCRIPTION	MARKET PRICE	AMOUNT DEBITED TO YOUR ACCOUNT	AMOUNT CREDITED TO YOUR ACCOUNT
12/07 12/07 12/07 12/31	1,870	1,025.00 16,518 94,200	86209	BALANCE FORWARD DAIMLER CHRYSLER AG JOHNSON & JOHNSON DIV 11/16/99 12/07/99 DIV ADJ 11/16/99 12/07/99 JNJ TRANS FROM 30 ACCT NEW BALANCE SECURITY POSITIONS AT & T CORP JOHNSON & JOHNSON ORACLE CORPORATION MARKET VALUE OF SECURITIES LONG 1,528,765.56 SHORT 820,820.00	66 1/2 DIV JRNH JRNH	124,355.00 1,120.00	1,120.00 3,980.00 820,820.00
		707,945.56					

PLEASE RETAIN THIS STATEMENT FOR INCOME TAX PURPOSES

BERNARD L. MADOFF
Investment Securities
New York ☐ London

SYLVIA SAMUELS

APT 14-5A
600-14 PINE HOLLOW RD
EAST NORWICH NY 11732

885 Third Avenue
New York, NY 10022
(212) 230-2400
800 334-1943
Fax (212) 838-4061

Affiliated with
Madoff Securities International Limited
12 Berkeley Street
Mayfair, London W1X 5AD
Tel 0171-493 6222

FORM ADVISORY INFORMATION
1-50188-7-0

Periodic Reporting
12/31/99

PAGE
2

DATE	BOUGHT RECORDED ON BOOK	SOLD DECLARED ON ACCOUNT	TYPE	DESCRIPTION	PRICE OF PURCHASE	AMOUNT DEBITED TO YOUR ACCOUNT	AMOUNT CREDITED TO YOUR ACCOUNT
				YEAR-TO-DATE SUMMARY			
				DIVIDENDS			
				GROSS PROCEEDS FROM SALES			
						10,766.22	802,820.00

PLEASE RETAIN THIS STATEMENT FOR INCOME TAX PURPOSES

Exhibit E



FORM

1040

Department of the Treasury - Internal Revenue Service
U.S. Individual Income Tax Return

2000

(99) IRS Use Only - Do not write or staple in this space.

For the year Jan. 1 - Dec. 31, 2000, or other tax year beginning

2000, ending

20

OMB No. 1545-0074

Label (See instructions on page 19.) Use the IRS label. Otherwise, please print or type.	L A B E L H E R E	Your first name and initial SYLVIA M SAMUELS		Last name	Your social security number		
		If a joint return, spouse's first name and initial		Last name	Spouse's social security number		
		Home address (number and street). If you have a P.O. box, see page 19. 600 PINE HOLLOW ROAD 14-5A				Apt. no.	
		City, town or post office, state, and ZIP code. If you have a foreign address, see page 19. EAST NORWICH, NY 11732					

▲ **IMPORTANT!** ▲
You must enter your SSN(s) above.

Presidential Election Campaign (See page 19.)

Note. Checking "Yes" will not change your tax or reduce your refund.

Do you, or your spouse if filing a joint return, want \$3 to go to this fund? ☒ Yes ☐ No ☐ Yes ☐ No

Filing Status

- 1 ☒ Single
- 2 ☐ Married filing joint return (even if only one had income)
- 3 ☐ Married filing separate return. Enter spouse's soc. sec. no. above & full name here ▶
- 4 ☐ Head of household (with qualifying person). (See page 19.) If the qualifying person is a child but not your dependent, enter this child's name here ▶
- 5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶). (See page 19.)

Exemptions

6a ☒ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a.

b ☐ Spouse

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Chk if qualifying child for child tax credit (see page 20)	No. of your children on 6c who:
(1) First Name	Last name				
					● lived with you
					● did not live with you due to divorce or separation (see page 20)
					Dependents on 6c not entered above

d Total number of exemptions claimed **1**

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	21,808
8a	Taxable interest. Attach Schedule B if required	8a	1,154
b	Tax-exempt interest. Do not include on line 8a. STMT. 1 eb 31		
9	Ordinary dividends. Attach Schedule B if required	9	6,264
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 22)	10	175
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	-1,865
14	Other gains or (losses). Attach Form 4797	14	
15a	Total IRA distributions	15a	
	b Taxable amount (see pg. 23)	15b	1,138
16a	Total pensions and annuities	16a	
	b Taxable amount (see pg. 23)	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	6,546
	b Taxable amount (see pg. 25)	20b	3,273
21	Other income	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your total income	22	31,947

Adjusted Gross Income

23	IRA deduction (see page 27)	23	
24	Student loan interest deduction (see page 27)	24	
25	Medical savings account deduction. Attach Form 8853	25	
26	Moving expenses. Attach Form 3903	26	
27	One-half of self-employment tax. Attach Schedule SE	27	
28	Self-employed health insurance deduction (see page 29)	28	
29	Self-employed SEP, SIMPLE, and qualified plans	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid. b Recipient's SSN ▶	31a	
32	Add lines 23 through 31a	32	0
33	Subtract line 32 from line 22. This is your adjusted gross income	33	31,947

Form 1040 (2000) SYLVIA M SAMUELS

Page 1

Tax and Credits

34	Amount from line 33 (adjusted gross income)	34	31,947
35a	Check if: <input checked="" type="checkbox"/> You were 65 or older, <input type="checkbox"/> Blind, <input type="checkbox"/> Spouse was 65 or older, <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here	35a	1
36	b If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see page 31 and check here	36	5,500
37	Enter your itemized deductions from Schedule A, line 28, or standard deduction shown on the left. But see page 31 to find your standard deduction if you checked any box on line 35a or 35b or if someone can claim you as a dependent	37	26,447
38	Subtract line 36 from line 34	38	2,800
39	If line 34 is \$96,700 or less, multiply \$2,800 by the total number of exemptions claimed on line 6d. If line 34 is over \$96,700, see the worksheet on page 32 for the amount to enter	39	23,647
40	Taxable income. Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-	40	3,544
41	Tax (see page 32). Check if any tax is from a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	41	
42	Alternative minimum tax. Attach Form 6251	42	3,544
43	Add lines 40 and 41	43	
44	Foreign tax credit. Attach Form 1116 if required	44	
45	Credit for child and dependent care expenses. Att. Form 2441	45	
46	Credit for the elderly or the disabled. Attach Schedule R	46	
47	Education credits. Attach Form 8863	47	
48	Child tax credit (see page 36)	48	
49	Adoption credit. Attach Form 8839	49	
50	Other. Check if from a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8396 c <input type="checkbox"/> Form 8801 d <input type="checkbox"/> Form (specify)	50	
51	Add lines 43 through 49. These are your total credits	51	3,544
52	Subtract line 50 from line 42. If line 50 is more than line 42, enter -0-	52	

Other Taxes

53	Self-employment tax. Att. Sch. SE	53	
54	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	54	
55	Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required	55	
56	Advance earned income credit payments from Form(s) W-2	56	
57	Household employment taxes. Attach Schedule H	57	3,544
58	Add lines 51 through 56. This is your total tax	58	

Payments

If you have a qualifying child, attach schedule EIC.

59	Federal income tax withheld from Forms W-2 and 1099	59	2,034
60a	2000 estimated tax payments and amount applied from 1999 return	60a	2,480
61	Earned income credit (EIC)	61	
62	b Nontaxable earned income: amt. and type	62	NO
63	Excess social security and RRTA tax withheld (see page 50)	63	
64	Additional child tax credit. Attach Form 8812	64	
65	Amount paid with request for extension to file (see page 50)	65	
66	Other payments. Check if from a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136	66	
67	Add lines 58, 59, 60a, and 61 through 64. These are your total payments	67	4,514

Refund

Save it. Use it directly to pay taxes. See page 50 and fill in 67b, 67c, and 67d.

68	If line 65 is more than line 57, subtract line 57 from line 65. This is the amount you overpaid	68	970
69a	Amount of line 66 you want refunded to you	69a	
69b	b Routing number	69b	
69c	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	69c	
69d	d Account number	69d	
70	Amount of line 66 you want applied to your 2001 estimated tax	70	970

Amount You Owe

71	If line 57 is more than line 65, subtract line 65 from line 57. This is the amount you owe. For details on how to pay, see page 51	71	
72	Estimated tax penalty. Also include on line 69	72	

Sign here

Joint return? See page 18. Keep a copy of your records.

Signature	Date	Occupation	Daytime phone number
Your signature		TEACHING ASST	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	May the IRS discuss this return with the preparer shown below? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN

Prepared by
Preparer's Use Only

Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no.
HARRIS POLANSKY POLANSKY, KULBERG & CO., LLP ONE OLD COUNTRY ROAD CARLE PLACE, NY 11514	11-3385923	(516) 741-3500

Schedules A&B (Form 1040) 2000

OMB No. 1545-0074

Page 2

Name(s) shown on Form 1040. Do not enter name and social security number if shown on other aids.

Your social security number

SYLVIA M. SAMUELS

Schedule B - Interest and Ordinary Dividends

Attachment Sequence No. 08

Note. If you had over \$400 in taxable interest, you must also complete Part III.

Part I Interest		Amount
1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address ▶ BERNARD L MADOF CFS EAB	1,030 60 64
2	Add the amounts on line 1.	1,154
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989 from Form 8815, line 14. You must attach Form 8815.	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ▶	1,154

Part II Ordinary Dividends		Amount
5	List name of payer. Include only ordinary dividends. If you received any capital gain distributions, see the instructions for Form 1040, line 13. ▶ BERNARD L. MADOFF BERNARD L. MADOFF SHORT DIVIDENDS	7,584 -1,320
6	Add the amounts on line 5. Enter the total here and on Form 1040, line 9 ▶	6,264

Part III Foreign Accounts and Trusts		Yes	No
You must complete this part if you (a) had over \$400 of interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.			
7a	At any time during 2000, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See page B-2 for exceptions and filing requirements for Form TD F 90-22.1		X
b	If "Yes," enter the name of foreign country ▶		
8	During 2000, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See page B-2		X

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule B (Form 1040) 2000

**SCHEDULE D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

2000

Department of the Treasury
Internal Revenue Service (99)

- ▶ **Attach to Form 1040.** ▶ **See Instructions for Schedule D (Form 1040).**
▶ **Use Schedule D-1 for more space to list transactions for lines 1 and 8.**

Attachment
Sequence No. **12**

Name(s) shown on Form 1040

Your social security number

SYLVIA M SAMUELS

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

1 (a) Description of property (Example, 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-6)	(e) Cost or other basis (see page D-6)	(f) Gain or (loss) Subtract (e) from (d)
ORACLE SHORT SALE			24,501	171,904	-147,403
US TREASURY	9/29/00	11/30/00	100,000	100,000	0
2 Enter your short-term totals, if any, from Schedule D-1, line 2			2		
3 Total short-term sales price amounts. Add column (d) of lines 1 and 2			3	124,501	
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824					4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1					5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your 1999 Capital Loss Carryover Worksheet					6 ()
7 Net short-term capital gain or (loss). Combine column (f) of lines 1 through 6					7 -147,403

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

8 (a) Description of property (Example, 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-6)	(e) Cost or other basis (see page D-6)	(f) Gain or (loss) Subtract (e) from (d)	(g) 28% rate gain or (loss) * (see inst. below)
JOHNSON & JOHNSON SHORT SALE			336,000	279,000	57,000	
AT & T SHORT SALE			306,000	198,000	108,000	
DAIMLER	12/07/99	12/21/00	36,540	56,002	-19,462	
9 Enter your long-term totals, if any, from Schedule D-1, line 9			9			
10 Total long-term sales price amounts. Add column (d) of lines 8 and 9			10	678,540		
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824					11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1					12	
13 Capital gain distributions. See page D-1					13	
14 Long-term capital loss carryover. Enter in both columns (f) and (g) the amount, if any, from line 13 of your 1999 Capital Loss Carryover Worksheet					14 () ()	
15 Combine column (g) of lines 8 through 14					15	
16 Net long-term capital gain or (loss). Combine column (f) of lines 8 through 14					16	145,538

Next: Go to Part III on the back.

* 28% rate gain or loss includes all "collectibles gains and losses" (as defined on page D-6) and up to 50% of the eligible gain on qualified small business stock (see page D-4).

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule D (Form 1040) 2000

Schedule D (Form 1040) 2000 SYLVIA M SAMUELS

Page 2

Part III Summary of Parts I and II

17 Combine lines 7 and 16. If a loss, go to line 18. If a gain, enter the gain on Form 1040, line 13	17	-1,865
Next: Complete Form 1040 through line 39. Then, go to Part IV to figure your tax if: <ul style="list-style-type: none"> Both lines 16 and 17 are gains and Form 1040, line 39, is more than zero. Otherwise, stop here.		
18 If line 17 is a loss, enter here and as a (loss) on Form 1040, line 13, the smaller of these losses: <ul style="list-style-type: none"> The loss on line 17 or (\$3,000) or, if married filing separately, (\$1,500) 	18	1,865
Next: Skip Part IV below. Instead, complete Form 1040 through line 37. Then, complete the Capital Loss Carryover Worksheet on page D-6 if: <ul style="list-style-type: none"> The loss on line 17 exceeds the loss on line 18 or Form 1040, line 37, is a loss. 		

Part IV Tax Computation Using Maximum Capital Gains Rates

19 Enter your taxable income from Form 1040, line 39	19	
20 Enter the smaller of line 16 or line 17 of Schedule D	20	
21 If you are filing Form 4952, enter the amount from Form 4952, line 4e	21	
22 Subtract line 21 from line 20. If zero or less, enter -0-	22	
23 Combine lines 7 and 15. If zero or less, enter -0-	23	
24 Enter the smaller of line 15 or line 23, but not less than zero	24	
25 Enter your unrecaptured section 1250 gain, if any, from line 17 of the worksheet on page D-8	25	
26 Add lines 24 and 25	26	
27 Subtract line 26 from line 22. If zero or less, enter -0-	27	
28 Subtract line 27 from line 19. If zero or less, enter -0-	28	
29 Enter the smaller of: <ul style="list-style-type: none"> The amount on line 19 or \$26,250 if single; \$43,850 if married filing jointly or qualifying widow(er); \$21,925 if married filing separately; or \$35,150 if head of household 	29	
30 Enter the smaller of line 28 or line 29	30	
31 Subtract line 22 from line 19. If zero or less, enter -0-	31	
32 Enter the larger of line 30 or line 31	32	
33 Figure the tax on the amount on line 32. Use the Tax Table or Tax Rate Schedules, whichever applies. Note: If the amounts on lines 29 and 30 are the same, skip lines 34 through 37 and go to line 38.	33	
34 Enter the amount from line 29	34	
35 Enter the amount from line 30	35	
36 Subtract line 35 from line 34	36	
37 Multiply line 36 by 10% (.10) Note: If the amounts on lines 19 and 29 are the same, skip lines 38 through 51 and go to line 52.	37	
38 Enter the smaller of line 19 or line 27	38	
39 Enter the amount from line 36	39	
40 Subtract line 39 from line 38	40	
41 Multiply line 40 by 20% (.20) Note: If line 26 is zero or blank, skip lines 42 through 51 and go to line 52.	41	
42 Enter the smaller of line 22 or line 25	42	
43 Add lines 22 and 32	43	
44 Enter the amount from line 19	44	
45 Subtract line 44 from line 43. If zero or less, enter -0-	45	
46 Subtract line 45 from line 42. If zero or less, enter -0-	46	
47 Multiply line 46 by 25% (.25) Note: If line 24 is zero or blank, skip lines 48 through 51 and go to line 52.	47	
48 Enter the amount from line 19	48	
49 Add lines 32, 36, 40, and 46	49	
50 Subtract line 49 from line 48	50	
51 Multiply line 50 by 28% (.28)	51	
52 Add lines 33, 37, 41, 47, and 51	52	
53 Figure the tax on the amount on line 19. Use the Tax Table or Tax Rate Schedules, whichever applies	53	
54 Tax on all taxable income (including capital gains). Enter the smaller of line 52 or line 53 here and on Form 1040, line 40	54	

2000

FEDERAL STATEMENTS

PAGE 1

CLIENT 2063

SYLVIA M SAMUELS

3/30/01

05:46PM

STATEMENT 1
FORM 1040, LINE 8B
TAX-EXEMPT INTEREST

FIDELITY	\$	31
TOTAL	\$	<u>31</u>

2000

NEW YORK FILING INSTRUCTIONS

CLIENT 2063

SYLVIA M SAMUELS

03/30/01

05:46 PM

FORM TO FILE:

FORM IT-201 - 2000 NEW YORK RESIDENT INCOME TAX RETURN

SIGNATURE:

SIGN AND DATE FORM IT-201 PAGE 2.

PAYMENT:

THERE IS A BALANCE DUE OF \$293. MAKE YOUR CHECK PAYABLE TO
"NEW YORK STATE INCOME TAX." WRITE YOUR SOCIAL SECURITY
NUMBER AND "2000 INCOME TAX" ON THE CHECK. STAPLE THE CHECK
TO THE FRONT OF YOUR RETURN.

WHEN TO FILE:

ON OR BEFORE APRIL 16, 2001.

WHERE TO FILE:

STATE PROCESSING CENTER
P.O. BOX 61000
ALBANY, NY 12261-0001

New York State Department of Taxation and Finance

IT-201

Resident Income Tax Return

2000

For office use only

New York State • City of New York • City of Yonkers

For the full year January 1, 2000, through December 31, 2000, or fiscal year beginning

00

OR ATTACH LABEL OR TYPE	Important: You must enter your social security number(s) in the boxes to the right and ending	
	Your First Name and Middle Initial SYLVIA M	Your Last Name (for joint rtn, enter spouse's name below) SAMUELS
	Spouse's First Name and Middle Initial	Spouse's Last Name
	v Your Social Security Number	
	v Spouse's Social Security Number	
	Mailing Address (number and street or rural route) 600 PINE HOLLOW ROAD	
Apartment Number 14-5A		
City, Village or Post Office EAST NORWICH		
State NY		
ZIP Code 11732		
New York State County of Residence NASSAU		
School District Name OYSTER BAY		
Permanent Home Address (see instructions) (number and street or rural route)		
Apartment Number		
School District Code Number 476		
City, Village or Post Office		
State NY		
ZIP Code		
If Taxpayer is Deceased, Enter First Name and Date of Death		

- (A) Filing status - mark an 'X' in one box:
- 1 ☒ Single
- 2 ☐ Married filing joint return (enter spouse's social security number above)
- 3 ☐ Married filing separate return (enter spouse's social security number above)
- 4 ☐ Head of household (with qualifying person)
- 5 ☐ Qualifying widow(er) with dependent child
- (B) Did you itemize your deductions on your 2000 federal income tax return? Yes ☐ No ☒
- (C) Can you be claimed as a dependent on another taxpayer's federal return? Yes ☐ No ☒
- (D) If you do not need forms mailed to you next year, mark an 'X' in the box (see instructions) ☒
- (E) City of New York residents only: (see instructions)
- (1) Were you 65 or older on 1/1/2001? ... Yes ☐ No ☐
- (2) Was your spouse 65 or older on 1/1/2001? ... Yes ☐ No ☐

Federal income and adjustments

Only full-year New York State residents may file this form. For lines 1 through 18 below, enter your income items and total adjustments as they appear on your federal return (see instructions). Also, see instructions for showing a loss.

1	Wages, salaries, tips, etc	21,808.
2	Taxable interest income	1,154.
3	Ordinary dividends	6,264.
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 23 below)	175.
5	Alimony received	
6	Business income or loss (attach a copy of federal Schedule C or C-EZ, Form 1040)	
7	Capital gain or loss (if required, attach copy of federal Schedule D, Form 1040)	-1,865.
8	Other gains or losses (attach copy of federal Form 4797)	
9	Taxable amount of IRA distributions	1,138.
10	Taxable amount of pensions and annuities	
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc (attach copy of federal Schedule E, Form 1040)	
12	Farm income or loss (attach copy of federal Schedule F, Form 1040)	
13	Unemployment compensation	
14	Taxable amount of social security benefits (also enter on line 25 below)	3,273.
15	Other income (see instructions) Identify:	
16	Add lines 1 through 15	31,947.
17	Total federal adjustments to income (see instructions) Identify:	
18	Subtract line 17 from line 16. This is your federal adjusted gross income	31,947.

New York additions (see instructions)

19	Interest income on state and local bonds and obligations (but not those of New York State or its local governments)	
20	Public employee 414(h) retirement contributions from your wage and tax statements (see instructions)	468.
21	Other (see instructions) Identify:	
22	Add lines 18 through 21	32,415.

New York subtractions (see instructions)

23	Taxable refunds, credits, or offsets of state and local income taxes (from line 4 above)	175.
24	Pensions of NYS and local governments and the federal government (see instructions)	
25	Taxable amount of social security benefits (from line 14 above)	3,273.
26	Interest income on U.S. government bonds	1,030.
27	Pension and annuity income exclusion	1,138.
28	Other (see instrs) Identify:	
29	Add lines 23 through 28	5,616.
30	Subtract line 29 from line 22. This is your New York adjusted gross income (enter the line 30 amount on line 31 on page 2)	26,799.

2000

Form IT-201 (2000)

Tax computation (see instructions) **SYLVIA M SAMUELS**

31	Enter the amount from line 30 on page 1 (this is your New York adjusted gross income)	31	26,799.
32	Enter the larger of your standard deduction (from instructions) or your itemized deduction (from Form IT-201-ATT, Part I, line 14; attach form). Mark an 'X' in the appropriate box: <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Itemized	32	7,500.
33	Subtract line 32 from line 31.	33	19,299.
34	Exemptions for dependents only (not the same as total federal exemptions; see instructions)	34	,000.
35	Subtract line 34 from line 33. This is your taxable income.	35	19,299.
36	New York State tax on line 35 amount (use red NYS Tax Table; if line 31 is more than \$100,000, see instructions)	36	930.

New York State credits and other taxes (see instructions)

37	New York State Household Credit (from table I, II, or III in the instructions)	37	
38	Subtract line 37 from line 36 (if line 37 is more than line 36, leave blank)	38	930.
39	New York State nonrefundable credits (from Form IT-201-ATT, Part IV, line 55)	39	
40	Subtract line 39 from line 38 (if line 39 is more than line 38, leave blank)	40	930.
41	Net other New York State taxes (from Form IT-201-ATT, Part II, line 33; attach form)	41	
42	Add lines 40 and 41. This is the total of your New York State taxes	42	930.

City of New York and City of Yonkers taxes and credits

43	City of NY resident tax (use the City of NY Tax Table)	43	
44	City of New York Household Credit (from table IV, V, or VI in instructions)	44	
45	Subtract line 44 from line 43 (if line 44 is more than line 43, leave blank)	45	
46	Other city of New York taxes (from Form IT-201-ATT, Part III, line 38; attach form)	46	
47	Add lines 45 and 46	47	
48	City of New York nonrefundable credits (from Form IT-201-ATT, Part IV, line 58)	48	
49	Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank)	49	
50	City of Yonkers resident income tax surcharge (see instructions)	50	
51	City of Yonkers nonresident earnings tax (attach Form Y-203)	51	
52	Part-year city of Yonkers resident income tax surcharge (attach Form IT-380.1)	52	

See instructions for figuring city of New York and city of Yonkers taxes, credits, and tax surcharges.

53 Add lines 49 through 52. This is the total of your city of New York and city of Yonkers taxes

Voluntary gifts/contributions (whole dollar amounts only; see instructions)

54	Return a Gift to Wildlife	W		Missing/Exploited Children Fund	C	
	Breast Cancer Research Fund	b		Olympic Fund	O	
	Alzheimer's Fund	a		Total of your line 54 gifts and contributions .		

55 Add lines 42, 53, and 54. This is your total New York State, New York City and Yonkers taxes, and gifts/contributions

Payments and refundable credits (see instructions)

56	NY State Child and Dependent Care Credit (from Form IT-216; attach form)	56	
57	NY State Earned Income Credit (from Form IT-215; attach form)	57	
58	Real Property Tax Credit (from Form IT-214, line 17; attach form)	58	
59	City of NY School Tax Credit (also complete (E) on page 1; see instrs)	59	
60	Other refundable credits (from Form IT-201-ATT, Part IV, line 72)	60	
61	Total New York State tax withheld	61	637.
62	Total city of New York tax withheld	62	
63	Total city of Yonkers tax withheld	63	

Mail your completed return to:
State Processing Center
P.O. Box 61000
Albany NY 12261-0001

Staple your wage and tax statements at the bottom of page 1 of this return.

64 Total of estimated tax payments, and amount paid with extension Form IT-370

65 Add lines 56 through 64. This is the total of your payments

Refund - If line 65 is more than line 55, figure your refund. (see instructions)

66 Subtract line 55 from line 65. This is the amount you overpaid.

67 Amount of line 66 that you want refunded to you. **Refund**

a Routing number ☐ b Type: ☒ Checking ☐ Savings

c Account number ☐

68 Estimated tax only Amount of line 66 that you want applied to your 2001 estimated tax.

(Do not include any amount that you claimed as a refund on line 67) **68**

Amount you owe - If line 65 is less than line 55, figure the amount you owe (see instructions)

69 Subtract line 65 from line 55. This is the amount you owe. (Make check or money order payable to NY State Income Tax; write your social security number and 2000 Income Tax on it.) **Owe**

70 Estimated tax penalty (include this amount in line 69 or reduce the overpayment on line 66. See instructions.) **70**

You can choose to have your refund sent directly to your bank account. See instructions and fill in lines 67a, b, and c.

See instructions for the proper assembly of your return and attachments.

Sign your return below.

71 I authorize the Tax Department to discuss this return with the paid preparer listed below. (Mark the Yes or No box; see instructions.)		X Yes No	
Sign your return here	Your Signature	Date	Spouse's Signature (if joint return)
			Daytime Phone Number (optional) 5167731473
Paid preparer's use only	Preparer's Signature HARRIS POLANSKY	Date	Firm's Name (or yours, if self-employed) and Address POLANSKY, KULBERG & CO., LLP ONE OLD COUNTRY ROAD CARLE PLACE, NY 11514
	Check if self-employed <input type="checkbox"/>	Preparer's EIN or NYIN 11-3385923	

SYLVIA SAMUELS

800 334-1343
Fax (212) 888-4061

Tel 0171-493 6222

APT 14-5A
600-16 PINE HOLLOW RD
EAST NORWICH NY 11732

YOUR ACCOUNT NUMBER
1-50188-7-0

PAID BY
12/31/00
YOUR TAX PAYER IDENTIFICATION NUMBER

PAGE
2

DATE	BOUGHT RECEIVED ON LINE	SOLD DELIVERED ON SHOOT	TRM	DESCRIPTION	PRICE PER SYMOL	AMOUNT DEBITED TO YOUR ACCOUNT	AMOUNT CREDITED TO YOUR ACCOUNT
				DIVIDENDS		<div>1,3206.00</div> <div>2590.76</div> <div>1170.76</div>	(802)

EASE RETAIN THIS STATEMENT FOR INCOME TAX PURPOSES

1/13/02

DATE	DESCRIPTION	PRICE OR SYMBOL	AMOUNT DEBITED TO YOUR ACCOUNT	AMOUNT CREDITED TO YOUR ACCOUNT
12/01	BALANCE FORWARD			63
12/13	NOV MARGIN INTEREST		19.65	
12/21	CHECK		4,000.00	
12/29	DAIMLER CHRYSLER AG	42	147,429.14	
	TRANS TO TO ACCT	JRNL	85.23	
	DEC MARGIN INTEREST	INT		36,540.00
	NEW BALANCE		114,993.39	56.00
	SECURITY POSITIONS			
	DAIMLER CHRYSLER AG	MKT PRICE		
	ORACLE CORPORATION	41.200		
	FIDELITY SPARTAN	29 1/16		
	U S TREASURY MONEY MARKET	1		
	U S TREASURY BILL	98.810		
	DUE 3/15/2001			
	3/15/2001			
	MARKET VALUE OF SECURITIES			
	LONG			
	1,027,971.75			
	SHORT			

1-50188-3-0

11/21/02

(Don)



Exhibit F



Department of the Treasury — Internal Revenue Service		U.S. Individual Income Tax Return 2003		(99) IRS Use Only — Do not write or staple in this space.																																					
Form 1040		For the year Jan 1 - Dec 31, 2003, or other tax year beginning , 2003, ending , 20		OMB No. 1545-0074																																					
Label (See instructions.) Use the IRS label. Otherwise, please print or type.	Your first name MI Last name		Your social security number																																						
	SYLVIA M SAMUELS																																								
Presidential Election Campaign (See instructions.)	If a joint return, spouse's first name MI Last name		Spouse's social security number																																						
	Home address (number and street). If you have a P.O. box, see instructions. Apartment no.		▲ Important! ▲ You must enter your social security number(s) above.																																						
7635 SOUTHAMPTON TERRACE 307																																									
City, town or post office. If you have a foreign address, see instructions. State ZIP code																																									
TAMARAC FL 33321																																									
Note: Checking "Yes" will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund? You <input type="checkbox"/> Yes <input type="checkbox"/> No Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No																																									
Filing Status 1 <input checked="" type="checkbox"/> Single 4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here .																																									
2 <input type="checkbox"/> Married filing jointly (even if only one had income) 5 <input type="checkbox"/> Qualifying widow(er) with dependent child. (See instructions.)																																									
3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above & full name here .																																									
Exemptions 6a <input checked="" type="checkbox"/> Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a b <input type="checkbox"/> Spouse																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">(1) First name Last name</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see instrs)</th> <th rowspan="2"> No. of boxes checked on 6a and 6b 1 No. of children on 6c who: <input type="checkbox"/> lived with you <input type="checkbox"/> did not live with you due to divorce or separation (see instrs) Dependents on 6c not entered above Add numbers on lines above 1 </th> </tr> </thead> <tbody> <tr><td colspan="2"></td><td></td><td></td><td><input type="checkbox"/></td><td></td></tr> <tr><td colspan="2"></td><td></td><td></td><td><input type="checkbox"/></td><td></td></tr> <tr><td colspan="2"></td><td></td><td></td><td><input type="checkbox"/></td><td></td></tr> <tr><td colspan="2"></td><td></td><td></td><td><input type="checkbox"/></td><td></td></tr> <tr><td colspan="2"></td><td></td><td></td><td><input type="checkbox"/></td><td></td></tr> </tbody> </table>						(1) First name Last name		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see instrs)	No. of boxes checked on 6a and 6b 1 No. of children on 6c who: <input type="checkbox"/> lived with you <input type="checkbox"/> did not live with you due to divorce or separation (see instrs) Dependents on 6c not entered above Add numbers on lines above 1					<input type="checkbox"/>						<input type="checkbox"/>						<input type="checkbox"/>						<input type="checkbox"/>						<input type="checkbox"/>	
(1) First name Last name		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see instrs)	No. of boxes checked on 6a and 6b 1 No. of children on 6c who: <input type="checkbox"/> lived with you <input type="checkbox"/> did not live with you due to divorce or separation (see instrs) Dependents on 6c not entered above Add numbers on lines above 1																																				
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d Total number of exemptions claimed 1																																									
Income																																									
7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 3,212.																																									
8a Taxable interest. Attach Schedule B if required 8a 15.																																									
b Tax-exempt interest. Do not include on line 8a 8b																																									
9a Ordinary dividends. Attach Schedule B if required 9a 1,285.																																									
b Qualified divs (see instrs) 9b																																									
10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) 10																																									
11 Alimony received 11																																									
12 Business income or (loss). Attach Schedule C or C-EZ 12																																									
13a Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here 13a -3,000.																																									
b If box on 13a is checked, enter post-May 5 capital gain distributions 13b																																									
14 Other gains or (losses). Attach Form 4797 14																																									
15a IRA distributions 15a b Taxable amount (see instrs) 15b 1,000.																																									
16a Pensions and annuities 16a 18,438. b Taxable amount (see instrs) 16b 18,354.																																									
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17																																									
18 Farm income or (loss). Attach Schedule F 18																																									
19 Unemployment compensation 19																																									
20a Social security benefits 20a b Taxable amount (see instrs) 20b																																									
21 Other income NET OPERATING LOSS 21 -2,317.																																									
22 Add the amounts in the far right column for lines 7 through 21. This is your total income. 22 18,549.																																									
Adjusted Gross Income																																									
23 Educator expenses (see instructions) 23																																									
24 IRA deduction (see instructions) 24																																									
25 Student loan interest deduction (see instructions) 25																																									
26 Tuition and fees deduction (see instructions) 26																																									
27 Moving expenses. Attach Form 3903 27																																									
28 One-half of self-employment tax. Attach Schedule SE 28																																									
29 Self-employed health insurance deduction (see instrs) 29																																									
30 Self-employed SEP, SIMPLE, and qualified plans 30																																									
31 Penalty on early withdrawal of savings 31																																									
32a Alimony paid b Recipient's SSN 32a																																									
33 Add lines 23 through 32a 33																																									
34 Subtract line 33 from line 22. This is your adjusted gross income 34 18,549.																																									

Form 1040 (2003) SYLVIA M. SAMUELS

Page 2

Tax and Credits**Standard Deduction for —**

• People who checked any box on line 36a or 36b or who can be claimed as a dependent, see instructions.

• All others: Single or Married filing separately, \$4,750

Married filing jointly or Qualifying widow(er), \$9,500

Head of household, \$7,000

35	Amount from line 34 (adjusted gross income)	35	18,549.
36a	Check if: <input checked="" type="checkbox"/> You were born before January 2, 1939, <input type="checkbox"/> Blind. Total boxes checked 36a 1 <input type="checkbox"/> Spouse was born before January 2, 1939, <input type="checkbox"/> Blind. 36b		
b	If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see instructions and check here 36b		
37	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	37	8,926.
38	Subtract line 37 from line 35	38	9,623.
39	If line 35 is \$104,625 or less, multiply \$3,050 by the total number of exemptions claimed on line 6d. If line 35 is over \$104,625, see the worksheet in the instructions	39	3,050.
40	Taxable income. Subtract line 39 from line 38. If line 39 is more than line 38, enter -0-	40	6,573.
41	Tax (see instrs). Check if any tax is from: a <input type="checkbox"/> Form(s) 9814 b <input type="checkbox"/> Form 4972	41	658.
42	Alternative minimum tax (see instructions). Attach Form 6251	42	0.
43	Add lines 41 and 42	43	658.
44	Foreign tax credit. Attach Form 1116 if required	44	
45	Credit for child and dependent care expenses. Attach Form 2441	45	
46	Credit for the elderly or the disabled. Attach Schedule R	46	
47	Education credits. Attach Form 8863	47	
48	Retirement savings contributions credit. Attach Form 8880	48	
49	Child tax credit (see instructions)	49	
50	Adoption credit. Attach Form 8839	50	
51	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	51	
52	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify	52	
53	Add lines 44 through 52. These are your total credits	53	
54	Subtract line 53 from line 43. If line 53 is more than line 43, enter -0-	54	658.
55	Self-employment tax. Attach Schedule SE	55	
56	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	56	
57	Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required	57	
58	Advance earned income credit payments from Form(s) W-2	58	
59	Household employment taxes. Attach Schedule H	59	
60	Add lines 54-59. This is your total tax	60	658.

Other Taxes**Payments**

If you have a qualifying child, attach Schedule EIC.

61	Federal income tax withheld from Forms W-2 and 1099	61	1,243.
62	2003 estimated tax payments and amount applied from 2002 return	62	
63	Earned income credit (EIC)	63	
64	Excess social security and tier 1 RRTA tax withheld (see instructions)	64	
65	Additional child tax credit. Attach Form 8812	65	
66	Amount paid with request for extension to file (see instructions)	66	
67	Other prmts from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	67	
68	Add lines 61 through 67. These are your total payments	68	1,243.

Refund

Direct deposit? See instructions and fill in 70b, 70c, and 70d.

69	If line 68 is more than line 60, subtract line 60 from line 68. This is the amount you overpaid	69	585.
70a	Amount of line 69 you want refunded to you	70a	585.
b	Routing number XXXXXXXXX	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number XXXXXXXXXXXXXXXXXX		
71	Amount of line 69 you want applied to your 2004 estimated tax	71	

Amount You Owe

72	Amount you owe. Subtract line 68 from line 60. For details on how to pay, see instructions	72	
73	Estimated tax penalty (see instructions)	73	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete the following. ☐ No

Designee's name	Preparer	Phone no.	Personal identification number (PIN)
-----------------	----------	-----------	--------------------------------------

Sign Here

Joint return? See instructions.
Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
		TEACHING ASST	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed) address, and ZIP code	DiRocco & Company, CPA, PA 6601 NW 14th Street, Suite 3 Plantation FL 33313		EIN 58-2674722 Phone no.

Form 1040 (2003)

SCHEDULE A
(Form 1040)

Itemized Deductions

OMB No. 1545-0074

2003

07

Department of the Treasury
Internal Revenue Service (99)

► Attach to Form 1040.
► See Instructions for Schedule A (Form 1040).

Name(s) shown on Form 1040

Your social security number

SYLVIA M SAMUELS

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1	704.	
2	Enter amount from Form 1040, line 35	2	18,549.	
3	Multiply line 2 by 7.5% (.075)	3	1,391.	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	0.	
Taxes You Paid	5	State and local income taxes	5	
(See instructions.)	6	Real estate taxes (see instructions)	6	
	7	Personal property taxes	7	
	8	Other taxes. List type and amount ►	8	
	9	Add lines 5 through 8	9	
Interest You Paid	10	Home mtg interest and points reported to you on Form 1098	10	7,453.
(See instructions.)	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ►	11	
Note. Personal interest is not deductible.	12	Points not reported to you on Form 1098. See instrs for spol rules	12	
	13	Investment interest. Attach Form 4952 if required. (See instrs.)	13	1,300.
	14	Add lines 10 through 13	14	8,753.
Gifts to Charity	15	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	15	173.
If you made a gift and got a benefit for it, see instructions.	16	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	16	
	17	Carryover from prior year	17	
	18	Add lines 15 through 17	18	173.
Casualty and Theft Losses	19	Casualty or theft loss(es). Attach Form 4684. (See instructions.)	19	
Job Expenses and Most Other Miscellaneous Deductions	20	Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ►	20	
(See instructions.)	21	Tax preparation fees	21	225.
	22	Other expenses — investment, safe deposit box, etc. List type and amount ►	22	
	23	Add lines 20 through 22	23	225.
	24	Enter amount from Form 1040, line 35	24	18,549.
	25	Multiply line 24 by 2% (.02)	25	371.
	26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	26	0.
Other Miscellaneous Deductions	27	Other — from list in the instructions. List type and amount ►	27	
Total Itemized Deductions	28	Is Form 1040, line 35, over \$139,500 (over \$69,750 if MFS)?	28	8,926.
	<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 37. <input type="checkbox"/> Yes. Your deduction may be limited. See instructions for the amount to enter.			

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

▶ Attach to Form 1040. ▶ See instructions for Schedule D (Form 1040).
▶ Use Schedule D-1 to list additional transactions for lines 1 and 8.

OMB No. 1545-0074

2003

12

Name(s) shown on Form 1040

Your social security number

SYLVIA M. SAMUELS

Part I Short-Term Capital Gains and Losses — Assets Held One Year or Less

(a) Description of property (Example: 100 shares XYZ Co)	(b) Date acquired (Mo, day, yr)	(c) Date sold (Mo, day, yr)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)	(g) Post-May 5 gain or (loss)* (see below)
1 BERNARD MADOFF	11/25/03	11/25/03	548,653.	568,541.	-19,888.	-19,888.
2 Enter your short-term totals, if any, from Schedule D-1, line 2	2					
3 Total short-term sales price amounts. Add lines 1 and 2 in column (d)	3	548,653.				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824	4					
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	5					
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your 2002 Capital Loss Carryover Worksheet	6				-779,226.	
7a Combine lines 1 through 5 in column (g). If the result is a loss, enter the result. Otherwise, enter -0-. Do not enter more than zero	7a					-19,888.
b Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f)	b				-799,114.	

Part II Long-Term Capital Gains and Losses — Assets Held More Than One Year

(a) Description of property (Example: 100 shares XYZ Co)	(b) Date acquired (Mo, day, yr)	(c) Date sold (Mo, day, yr)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)	(g) Post-May 5 gain or (loss)* (see below)
8 BERNARD MADOFF	Various	Various	7,192,166.	6,621,257.	570,909.	
9 Enter your long-term totals, if any, from Schedule D-1, line 9	9					
10 Total long-term sales price amounts. Add lines 8 and 9 in column (d)	10	7,192,166.				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824	11					
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	12					
13 Capital gain distributions. See instrs	13					
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your 2002 Capital Loss Carryover Worksheet	14					
15 Combine lines 8 through 13 in column (g). If zero or less, enter -0-	15					
16 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f)	16				570,909.	

Next: Go to Part III on page 2.

*Include in column (g) all gains and losses from column (f) from sales, exchanges, or conversions (including installment payments received) after May 5, 2003. However, do not include gain attributable to unrecaptured section 1250 gain, collectibles gains and losses (as defined in the instructions) or eligible gain on qualified small business stock (see instrs).

BAA For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule D (Form 1040) 2003

Schedule D (Form 1040) 2003 SYLVIA M. SAMUELS

Page 2

Part III Taxable Gain or Deductible Loss

17a Combine lines 7b and 16 and enter the result. If a loss, enter -0- on line 17b and go to line 18. If a gain, enter the gain on Form 1040, line 13a, and go to line 17b below	17a	-228,205.
b Combine lines 7a and 15. If zero or less, enter -0-. Then complete Form 1040 through line 40 Next: • If line 16 of Schedule D is a gain or you have qualified dividends on Form 1040, line 9b, complete Part IV below. • Otherwise, skip the rest of Schedule D and complete the rest of Form 1040.	17b	0.
18 If line 17a is a loss, enter here and on Form 1040, line 13a, the smaller of (a) that loss or (b) (\$3,000) (or, if married filing separately, (\$1,500)) (see instructions) Next: • If you have qualified dividends on Form 1040, line 9b, complete Form 1040 through line 40, and then complete Part IV below (but skip lines 19 and 20). • Otherwise, skip Part IV below and complete the rest of Form 1040.	18	-3,000.

Part IV Tax Computation Using Maximum Capital Gains Rates

If line 16 or line 17a is zero or less, skip lines 19 and 20 and go to line 21. Otherwise, go to line 19.

19 Enter your unrecaptured section 1250 gain, if any, from line 18 of the worksheet in the instructions	19	
20 Enter your 28% rate gain, if any, from line 7 of the worksheet in the instructions If lines 19 and 20 are zero, go to line 21. Otherwise, complete the worksheet in the instructions to figure the amount to enter on lines 35 and 53 below, and skip all other lines below.	20	
21 Enter your taxable income from Form 1040, line 40	21	
22 Enter the smaller of line 16 or line 17a, but not less than zero	22	
23 Enter your qualified dividends from Form 1040, line 9b	23	
24 Add lines 22 and 23	24	
25 Amount from line 4g of Form 4952 (investment interest expense)	25	
26 Subtract line 25 from line 24. If zero or less, enter -0-	26	
27 Subtract line 26 from line 21. If zero or less, enter -0-	27	
28 Enter the smaller of line 21 or: • \$56,800 if married filing jointly or qualifying widow(er); • \$28,400 if single or married filing separately; or • \$38,050 if head of household If line 27 is greater than line 28, skip lines 29 through 39 and go to line 40.	28	
29 Enter the amount from line 27	29	
30 Subtract line 29 from line 28. If zero or less, enter -0- and go to line 40	30	
31 Add lines 17b and 23*	31	
32 Enter the smaller of line 30 or line 31	32	
33 Multiply line 32 by 5% (.05) If lines 30 and 32 are the same, skip lines 34 through 39 and go to line 40.	33	
34 Subtract line 32 from line 30	34	
35 Enter your qualified 5-year gain, if any, from line 8 of the worksheet in the instructions	35	
36 Enter the smaller of line 34 or line 35	36	
37 Multiply line 36 by 8% (.08)	37	
38 Subtract line 36 from line 34	38	
39 Multiply line 38 by 10% (.10) If lines 26 and 30 are the same, skip lines 40 through 49 and go to line 50.	39	
40 Enter the smaller of line 21 or line 26	40	
41 Enter the amount from line 30 (if line 30 is blank, enter -0-)	41	
42 Subtract line 41 from line 40	42	
43 Add lines 17b and 23*	43	
44 Enter the amount from line 32 (if line 32 is blank, enter -0-)	44	
45 Subtract line 44 from line 43	45	
46 Enter the smaller of line 42 or line 45	46	
47 Multiply line 46 by 15% (.15)	47	
48 Subtract line 46 from line 42	48	
49 Multiply line 48 by 20% (.20)	49	
50 Figure the tax on the amount on line 27. Use the Tax Table or Tax Rate Schedules, whichever applies	50	
51 Add lines 33, 37, 39, 47, 49, and 50	51	
52 Figure the tax on the amount on line 21. Use the Tax Table or Tax Rate Schedules, whichever applies	52	
53 Tax on all taxable income. Enter the smaller of line 51 or line 52 here and on Form 1040, line 41	53	

*If lines 23 and 25 are more than zero, see instructions for the amount to enter.

Schedule D (Form 1040) 2003

Form **4952**

Investment Interest Expense Deduction

OMB No. 1545-0191

2003

12B

Department of the Treasury
Internal Revenue Service

► Attach to your tax return.

Name(s) shown on return

Identifying number

SYLVIA M. SAMUELS

Part I Total Investment Interest Expense

1	Investment interest expense paid or accrued in 2003 (see instructions)	1	
2	Disallowed investment interest expense from 2002 Form 4952, line 7	2	60,026.
3	Total investment interest expense. Add lines 1 and 2	3	60,026.

Part II Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)	4a	1,300.	
4b	Qualified dividends included on line 4a	4b		
4c	Subtract line 4b from line 4a	4c	1,300.	
4d	Net gain from the disposition of property held for investment	4d		
4e	Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment (see instructions)	4e		
4f	Subtract line 4e from line 4d	4f		
4g	Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions)	4g		
4h	Investment income. Add lines 4c, 4f, and 4g	4h	1,300.	
5	Investment expenses (see instructions)	5		
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-	6	1,300.	

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2004. Subtract line 6 from line 3. If zero or less, enter -0-	7	58,726.
8	Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions	8	1,300.

BAA For Paperwork Reduction Act Notice, see separate instructions.

Form 4952 (2003)

Form 1040
Line 21

Other Income Statement

2003
Statement

Name(s) Shown on Return
SYLVIA M SAMUELS

Social Security Number

	(a) Taxpayer	(b) Spouse
1 Child's investment income, from Form 8814		
2 Gambling winnings:		
a From Form W-2G		
b Not reported on Form W-2G		
3 Taxable income from Form 1099-MISC:		
a Substitute payments in lieu of interest or dividends		
b Other income, prizes, awards, etc.		
c Alaska Permanent Fund		
4 Taxable qualified tuition program distributions from Form 1099-Q		
5 Taxable Grants from Form 1099-G		
6 Taxable Coverdell ESA distributions from Form 1099-Q		
7 Foreign earned income and housing exclusion, from Form 2555		
8 Net operating loss carryover from a prior year.....SEE STMT	-2,317.	
9 Other income, from Schedule(s) K-1		
10 Taxable distribution from Archer Medical Savings Accounts, and Long-Term Care Insurance Contracts, from Form 8853		
11 Refunds or reimbursements of deductions claimed in a prior year:		
a Reimbursement for deducted medical expenses		
b Refunds of deducted taxes (other than state or local inc. taxes) (enter type of tax)		
c Recapture of deducted moving expenses		
d Reimbursement for deducted casualty or theft loss		
e Reimbursement for deducted employee business expenses		
f Other refunds or reimbursements		
12 Recoveries of bad debts deducted in a prior year		
13 Jury duty pay		
14 Bartering income not reported elsewhere		
15 Income from the rental of personal property		
16 Other taxable income:		
.....		
.....		
.....		
17 Total. Add lines 1 through 16. Enter here and on Form 1040, line 21	-2,317.	

SYLVIA M SAMUELS

1

Explanation Statement

Form/Line: Form 1040 Line 21, Other Income Statement 8

Explanation of: Net Operating Loss Carryforward

CARRYFORWARD LOSS



SYLVIA SAMUELS

7635 SOUTHAMPTON TERRACE #307
TAMARAC FL 33321

885 Third Avenue
New York, NY 10022
(212) 230-2424
800 334-1343
Fax (212) 838-4061

Affiliated with
Madoff Securities International Limited
12 Berkeley Street
Mayfair, London W1J 8DT
Tel 020 7493 6222

TOTAL ACCOUNT BALANCE
1-50494-3-D

12/31/03

1

TOTAL TAX PAID WITHIN REPORTING PERIOD

DATE	BOUGHT RECEIVED OR PAID	SOLO DELIVERED OR SHORT	TIN#	DESCRIPTION	PRICE OR RATIO	AMOUNT DEBITED TO YOUR ACCOUNT	AMOUNT CREDITED TO YOUR ACCOUNT
12/31				BALANCE FORWARD			
12/31				FIDELITY SPARTAN U.S. TREASURY MONEY MARKET DIV 12/31/03	DIV		
12/31	275,000	550,000	6502	U.S. TREASURY BILL DUE 04/08/2004	99.755		548,652.50
12/31	275,000		12060	U.S. TREASURY BILL DUE 4/22/2004	99.718		274,224.50
12/31	275,000		16397	U.S. TREASURY BILL DUE 4/22/2004	99.700		274,175.00
12/31	22,534	22,267	20807	FIDELITY SPARTAN U.S. TREASURY MONEY MARKET NEW BALANCE	1	22,534.00	22,267.00
12/31	22,534		99330	FIDELITY SPARTAN U.S. TREASURY MONEY MARKET NEW BALANCE	1	57,093.30	57,093.30
12/31	22,534			SECURITY POSITIONS FIDELITY SPARTAN U.S. TREASURY MONEY MARKET U.S. TREASURY BILL DUE 4/22/2004	MKT PRICE 1 99.718		
				CONTINUED ON PAGE 2			

PLEASE RETAIN THIS STATEMENT FOR INCOME TAX PURPOSES



BERNARD L. MADOFF
INVESTMENT SECURITIES LLC
New York ☐ London

SYLVIA SAMUELS

7635 SOUTHRAMPION TERRACE #307
TAMARAC FL 33321

885 Third Avenue
New York, NY 10022
(212) 230-2424
800 334-1343
Fax (212) 838-4061

Affiliated with
Madoff Securities International Limited
12 Berkeley Street
Mayfair, London W1J 8DJ
Tel 020 7693 6222

YOUR ACCOUNT NUMBER
1-50494-3-0

FROM DATE 12/31/03

PAGE 2

DATE	BUY/SELL RECEIVED ON LONG	SOLD DELIVERED OR SHORT	TIN	DESCRIPTION	PRICE OR SYMBOL	AMOUNT DEBITED TO YOUR ACCOUNT	AMOUNT CREDITED TO YOUR ACCOUNT
	275,000			U S TREASURY BILL DUE 4/29/2004 4/29/2004 MARKET VALUE OF SECURITIES LONG 570,933.50 SHORT	99.700		

PLEASE RETAIN THIS STATEMENT FOR INCOME TAX PURPOSES



BERNARD L. MADOFF
INVESTMENT SECURITIES LLC
New York ☐ London

SYLVIA SAMUELS

**7635 SOUTHAMPTON TERRACE #307
TAMARAC FL 33321**

885 Third Avenue
New York, NY 10022
(212) 230-2424
800 334-1343
Fax (212) 838-4061

PERIOD ENDING
12/31/03

PAGE
3

YOUR ACCOUNT NUMBER
1-50494-3-0

YOUR FIRM'S PAYEE INFORMATION FROM MADOFF
12/31/03

DATE	BOUGHT REMOVED OR LOAN	SOLD DELIVERED OR SHORT	TIN	DESCRIPTION	PRICE OR DIVIDEND	AMOUNT DEBITED TO YOUR ACCOUNT	AMOUNT CREDITED TO YOUR ACCOUNT
				YEAR-TO-DATE SUMMARY DIVIDENDS GROSS PROCEEDS FROM SALES		<i>also</i>	13.21 548,657.50

PLEASE RETAIN THIS STATEMENT FOR INCOME TAX PURPOSES

Affiliated with
Maddoff Securities International Limited
12 Berkeley Street
Mayfair, London W1J 8DT
Tel 020 7493 6222

Exhibit G

TAXPAYER'S COPY

Department of the Treasury — Internal Revenue Service

Form **1040** U.S. Individual Income Tax Return **2004** (99) IRS Use Only — Do not write or staple in this space

Label
(See instructions.)

Use the
IRS label.
Otherwise,
please print
or type.

**Presidential
Election
Campaign**
(See instructions.)

Filing Status

Check only
one box.

Exemptions

If more than
four dependents,
see instructions.

Income

Attach Form(s)
W-2 here. Also
attach Forms
W-2G and 1099-R
if tax was withheld.

If you did not
get a W-2,
see instructions.

Enclose, but do
not attach, any
payment. Also,
please use
Form 1040-V.

**Adjusted
Gross
Income**

For the year Jan 1 - Dec 31, 2004, or other tax year beginning , 2004, ending , 20

OMB No. 1545-0074

Your social security number

MI Last name
Your first name SYLVIA M SAMUELS

If a joint return, spouse's first name MI Last name

Home address (number and street). If you have a P.O. box, see instructions. Apartment no.
7635 SOUTHAMPTON TERRACE 307

City, town or post office. If you have a foreign address, see instructions. State ZIP code
FL 33321

TAMARAC

spouse's social security number

▲ Important!
You must enter your :
security number(s) al

Note: Checking 'Yes' will not change your tax or reduce your refund.
Do you, or your spouse if filing a joint return, want \$3 to go to this fund? You Yes No Spouse Yes No

- 1 ☒ Single 4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here .
- 2 ☐ Married filing jointly (even if only one had income)
- 3 ☐ Married filing separately. Enter spouse's SSN above & full name here . 5 ☐ Qualifying widow(er) with dependent child (see instructions)

6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a				Boxes checked on 6a and 6b	
b <input type="checkbox"/> Spouse				No. of children on 6c who:	
c Dependents:				• lived with you	
(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs)	• did not live with you due to divorce or separation (see instrs)
				<input type="checkbox"/>	Dependents on 6c not entered above
				<input type="checkbox"/>	Add numbers on lines above
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

d Total number of exemptions claimed

7 Wages, salaries, tips, etc. Attach Form(s) W-2 7

8a Taxable interest. Attach Schedule B if required 8a

b Tax-exempt interest. Do not include on line 8a 8b

9a Ordinary dividends. Attach Schedule B if required 9a 4

b Qualified divs (see instrs) 9b 4,529

10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) 10

11 Alimony received 11

12 Business income or (loss). Attach Schedule C or C-EZ 12

13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here 13 -3

14 Other gains or (losses). Attach Form 4797 14

15a IRA distributions 15a 6,493 b Taxable amount (see instrs) 15b 4

16a Pensions and annuities 16a b Taxable amount (see instrs) 16b 6

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17

18 Farm income or (loss). Attach Schedule F 18

19 Unemployment compensation 19

20a Social security benefits 20a b Taxable amount (see instrs) 20b

21 Other income 21

22 Add the amounts in the far right column for lines 7 through 21. This is your total income. 22 1

23 Educator expenses (see instructions) 23

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24

25 IRA deduction (see instructions) 25

26 Student loan interest deduction (see instructions) 26

27 Tuition and fees deduction (see instructions) 27

28 Health savings account deduction. Attach Form 8889 28

29 Moving expenses. Attach Form 3903 29

30 One-half of self-employment tax. Attach Schedule SE 30

31 Self-employed health insurance deduction (see instrs) 31

32 Self-employed SEP, SIMPLE, and qualified plans 32

33 Penalty on early withdrawal of savings 33

34a Alimony paid to Recipient's SSN 34a

35 Add lines 23 through 34a 35

36 Subtract line 35 from line 22. This is your adjusted gross income 36 1

Form 1040 (2004) SYLVIA M SAMUELS

Page 2

Tax and Credits**Standard Deduction for —**

• People who checked any box on line 38a or 38b or who can be claimed as a dependent, see instructions.

• All others:

Single or Married filing separately, \$4,850

Married filing jointly or Qualifying widow(er), \$9,700

Head of household, \$7,150

37	Amount from line 36 (adjusted gross income)	37	13,033.
38a	Check <input checked="" type="checkbox"/> You were born before January 2, 1940, <input type="checkbox"/> Blind. Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1940, <input type="checkbox"/> Blind. checked ▶ 38a	38a	1
b	If your spouse itemizes on a separate return, or you were a dual-status alien, see instructions and check here ▶ 38b	38b	
39	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	39	10,030.
40	Subtract line 39 from line 37	40	3,003.
41	If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 37 is over \$107,025, see the worksheet in the instructions	41	3,100.
42	Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0-	42	0.
43	Tax (see instrs). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	43	0.
44	Alternative minimum tax (see instructions). Attach Form 6251	44	
45	Add lines 43 and 44	45	0.
46	Foreign tax credit. Attach Form 1116 if required	46	
47	Credit for child and dependent care expenses. Attach Form 2441	47	
48	Credit for the elderly or the disabled. Attach Schedule R	48	
49	Education credits. Attach Form 8863	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit (see instructions)	51	
52	Adoption credit. Attach Form 8839	52	
53	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	53	
54	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify	54	
55	Add lines 46 through 54. These are your total credits	55	
56	Subtract line 55 from line 45. If line 55 is more than line 45, enter -0-	56	0.
57	Self-employment tax. Attach Schedule SE	57	
58	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60	Advance earned income credit payments from Form(s) W-2	60	
61	Household employment taxes. Attach Schedule H	61	
62	Add lines 56-61. This is your total tax	62	0.
63	Federal income tax withheld from Forms W-2 and 1099	63	
64	2004 estimated tax payments and amount applied from 2003 return	64	
65a	Earned income credit (EIC)	65a	
b	Nontaxable combat pay election ▶ 65b	65b	
66	Excess social security and tier 1 RRTA tax withheld (see instructions)	66	
67	Additional child tax credit. Attach Form 8812	67	
68	Amount paid with request for extension to file (see instructions)	68	
69	Other prmts from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	69	
70	Add lines 63, 64, 65a, and 66 through 69. These are your total payments	70	
71	If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid	71	
72a	Amount of line 71 you want refunded to you	72a	
b	Routing number	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number		
73	Amount of line 71 you want applied to your 2005 estimated tax	73	
74	Amount you owe. Subtract line 70 from line 62. For details on how to pay, see instructions	74	0.
75	Estimated tax penalty (see instructions)	75	

Other Taxes**Payments**

If you have a qualifying child, attach Schedule EIC.

Refund

Direct deposit? See instructions and fill in 72b, 72c, and 72d.

Amount You Owe**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete the following. ☐ No

Designee's name ▶ Preparer Phone no. ▶ Personal identification number (PIN) ▶

Sign Here

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature Date Your occupation Daytime phone number

TEACHING ASST

Spouse's signature. If a joint return, both must sign. Date Spouse's occupation

Preparer's signature Date 06/21/2005 Check if self-employed ☐

Paid Preparer's Use Only

Firm's name (or yours if self-employed) address, and ZIP code DiRocco & Company, CPA, PA 6601 NW 14th Street, Suite 3 Plantation FL 33313-4579 EIN 58-2674722 Phone no. (954) 358-4272

Form 1040 (2004)

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

▶ Attach to Form 1040.
▶ See Instructions for Schedule A (Form 1040).

OMB No. 1545-0074

2004

07

Name(s) shown on Form 1040

Your social security number

SYLVIA M. SAMUELS

Medical and Dental Expenses		Caution. Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1	799.		
2	Enter amount from Form 1040, line 37	2	13,033.		
3	Multiply line 2 by 7.5% (.075)	3	977.		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			0.
Taxes You Paid		5 State and local (check only one box):			
		a <input type="checkbox"/> Income taxes, or		5	509.
		b <input checked="" type="checkbox"/> General sales taxes (see instructions)			
6	Real estate taxes (see instructions)	6	2,304.		
7	Personal property taxes	7			
8	Other taxes. List type and amount ▶	8			
9	Add lines 5 through 8	9			2,813.
Interest You Paid		10 Home mtg interest and points reported to you on Form 1098		10	6,791.
		11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ▶			
				11	
Note. Personal interest is not deductible.		12 Points not reported to you on Form 1098. See instrs for spd rules		12	
		13 Investment interest. Attach Form 4952 if required. (See instrs.)		13	0.
		14 Add lines 10 through 13		14	6,791.
Gifts to Charity		15 Gifts by cash or check. If you made any gift of \$250 or more, see instructions		15	211.
If you made a gift and got a benefit for it, see instructions.		16 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500		16	215.
		17 Carryover from prior year		17	
		18 Add lines 15 through 17		18	426.
Casualty and Theft Losses		19 Casualty or theft loss(es). Attach Form 4684. (See instructions.)		19	
Job Expenses and Most Other Miscellaneous Deductions		20 Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶		20	
		21 Tax preparation fees		21	225.
(See instructions.)		22 Other expenses — investment, safe deposit box, etc. List type and amount ▶		22	
		23 Add lines 20 through 22		23	225.
		24 Enter amount from Form 1040, line 37		24	13,033.
		25 Multiply line 24 by 2% (.02)		25	261.
		26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-		26	0.
Other Miscellaneous Deductions		27 Other — from list in the instructions. List type and amount ▶		27	
Total Itemized Deductions		28 Is Form 1040, line 37, over \$142,700 (over \$71,350 if MFS)?		28	10,030.
		<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 39.			
		<input type="checkbox"/> Yes. Your deduction may be limited. See instructions for the amount to enter.			

Schedule A & B (Form 1040) 2004

OMB No. 1545-0074

Page 2

Name(s) shown on Form 1040.

Your social security number

SYLVIA M SAMUELS

Schedule B – Interest and Ordinary Dividends

08

Part I
Interest

- 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address

(See instructions for Form 1040, line 8a.)

Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

1

Amount

- 2 Add the amounts on line 1
- 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a

2

3

4

Note. If line 4 is over \$1,500, you must complete Part III.

Amount

Part II
Ordinary Dividends

- 5 List name of payer
- BERNARD L MADOFF

(See instructions for Form 1040, line 9a.)

Note. If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

5

4,529.

- 6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9a

6

4,529.

Note. If line 6 is over \$1,500, you must complete Part III.

Part III
Foreign Accounts and Trusts

(See instructions.)

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; or (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Yes

No

- 7a At any time during 2004, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See instructions for exceptions and filing requirements for Form TD F 90-22.1

- b If 'Yes,' enter the name of the foreign country

- 8 During 2004, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If 'Yes,' you may have to file Form 3520. See instructions

X

X

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

► Attach to Form 1040. ► See instructions for Schedule D (Form 1040).
► Use Schedule D-1 to list additional transactions for lines 1 and 8.

OMB No. 1545-0074

2004

12

Name(s) shown on Form 1040

Your social security number

SYLVIA M SAMUELS

Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less

(a) Description of property (Example: 100 shares XYZ Co)	(b) Date acquired (Mo, day, yr)	(c) Date sold (Mo, day, yr)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
1					
2 Enter your short-term totals, if any, from Schedule D-1, line 2	2				
3 Total short-term sales price amounts. Add lines 1 and 2 in column (d)	3				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824	4				
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	5				
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions	6				-225,205.
7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f)	7				-225,205.

Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year

(a) Description of property (Example: 100 shares XYZ Co)	(b) Date acquired (Mo, day, yr)	(c) Date sold (Mo, day, yr)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
8 BERNARD L MADOFF	Various	Various	6,471,400.	6,412,918.	58,482.
9 Enter your long-term totals, if any, from Schedule D-1, line 9	9				
10 Total long-term sales price amounts. Add lines 8 and 9 in column (d)	10		6,471,400.		
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824	11				
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	12				
13 Capital gain distributions. See instrs	13				
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions	14				
15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to Part III on page 2	15				58,482.

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule D (Form 1040) 2004

Schedule D (Form 1040) 2004 SYLVIA M. SAMUELS

Page 2

Part II Summary

16 Combine lines 7 and 15 and enter the result. If line 16 is a loss, skip lines 17 through 20, and go to line 21. If a gain, enter the gain on Form 1040, line 13, and then go to line 17 below	16	-166,723.
17 Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18 Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions	18	
19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions	19	
20 Are lines 18 and 19 both zero or blank? <input type="checkbox"/> Yes. Complete Form 1040 through line 42, and then complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040. Do not complete lines 21 and 22 below. <input type="checkbox"/> No. Complete Form 1040 through line 42, and then complete the Schedule D Tax Worksheet in the instructions. Do not complete lines 21 and 22 below.		
21 If line 16 is a loss, enter here and on Form 1040, line 13, the smaller of: <ul style="list-style-type: none"> • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) 	21	-3,000.
Note. When figuring which amount is smaller, treat both amounts as positive numbers.		
22 Do you have qualified dividends on Form 1040, line 9b? <input checked="" type="checkbox"/> Yes. Complete Form 1040 through line 42, and then complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040. <input type="checkbox"/> No. Complete the rest of Form 1040.		

Schedule D (Form 1040) 2004

Form 4868 Department of the Treasury Internal Revenue Service		Application for Automatic Extension of Time To File U.S. Individual Income Tax Return		OMB No. 1545-0188	
		For calendar year 2004, or other tax year beginning		2004, ending	
Part I Identification		Part II Individual Income Tax			
1 Your name(s) (see instructions)		4 Estimate of total tax liability for 2004 \$ 0.			
SYLVIA M SAMOELS		5 Total 2004 payments			
Address (see instructions)		6 Balance due. Subtract 5 from 4 .. 0.			
7635 SOUTHAMPTON TERRACE, Apt. 307		7 Amount you are paying ▶			
City, town or post office		Confirmation Number			
TAMARAC		If you file electronically, you will receive a confirmation number telling you that your Form 4868 has been accepted. Enter the confirmation number here and keep it for your records ▶			
2 Your social security number		3 Spouse's social security number			
FL 33321					
BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.					
Form 4868 (2004)					

▲ Detach Here ▲

Where To File Your Extension
Mail Form 4868 (with payment, if applicable) to the address listed below.

Internal Revenue Service Center
Atlanta, GA 39901-0002

a Control number 0328		<input type="checkbox"/> Void				
b Employer's identification no.		1 Wages, tips, other comp. 444.50		2 Federal income tax withheld .00		
c Employer's name, address, and ZIP code THE FLORIDA LANGUAGE CENTER, INC. 5975 N. Federal Highway, #243 Ft. Lauderdale, FL 33308		3 Social security wages 444.50		4 Social security tax withheld 27.55		
		5 Medicare wages and tips 444.50		6 Medicare tax withheld 6.45		
		7 Social security tips .00		8 Allocated tips		
d Employee's social security number		9 Advance EIC payment		10 Dependent care benefits		
e Employee's name (first, middle initial, last) SYLVIA M. SAMUELS 1635 SOUTHAMPTON TERR. TAMARAC, FL 33321		11 Nonqualified plans		12a		
		13 Statu- empl. <input type="checkbox"/>		Retiremt plan <input type="checkbox"/>	3rd Party sick pay <input type="checkbox"/>	12b
		14 Other		12c		
				12d		
f Employee's address and ZIP code						
15 State Employer's state ID No. 13070095	16 State wages tips	17 State inc. tax	18 Local wages, tips	19 Local inc. tax	20 Locality name	

W-2 Wage and Tax Statement 2004
See Form 941 for EMPLOYER'S RECORDS (See notice.)

Dept. of the Treasury - Internal Revenue Service OMB No. 1545-0008
This information is being furnished to the Internal Revenue Service. If you
are required to file a tax return, a negligence penalty or other sanction may
be imposed on you if this income is taxable and you fail to report it.

LW2BL

EMPLOYEE W-2 WAGE SUMMARY 2004

0439-M111 000099

PACE CENTER FOR GIRLS INC
1 WEST ADAMS STREET STE 301
JACKSONVILLE FL 32202

The chart below indicates your 2004 voluntary payroll adjustments which are included (+), excluded (-), or did not affect (N/A) your federal wages (Box 1) and state wages.

VOLUNTARY ADJUSTMENTS	YTD AMOUNT	FEDERAL WAGES
CHECKING	-90.50	N/A

FEDERAL WITHHOLDING EXEMPTIONS S 2
FL WITHHOLDING EXEMPTIONS S 2

REGULAR WAGES FOR 2004 98.00

SYLVIA SAMUELS
7635 SOUTHAMPTON RD
TAMARAC FL 33321

05001

PAYROLLS BY **PAYCHEX**

Form W-2 Wage and Tax Statement 2004

Copy C, for employees records

a Control number 0439-M111 301167-000099		Valid	c Employer's name, address, and ZIP code PACE CENTER FOR GIRLS INC 1 WEST ADAMS STREET STE 301 JACKSONVILLE FL 32202		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
b Employer's identification number		d Employee's social security number			1 Wages, tips, other compensation 98.00	2 Federal income tax withheld
13 Statutory nonexempt	Retirement plan	Thrift/savings plan pay			3 Social security wages 98.00	4 Social security tax withheld 6.08
12 See Instrs. for Box 12	14 Other	e Employee's name, address, and ZIP code SYLVIA SAMUELS 7635 SOUTHAMPTON RD APT # 307 TAMARAC FL 33321		5 Medicare wages and tips 98.00	6 Medicare tax withheld 1.42	
					7 Social security tips	8 Allocated tips
					9 Advance EIC payment	10 Dependent care benefits
					11 Nonqualified plans	
15 State	Employer's state ID. No.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

This information is being furnished to the Internal Revenue Service



BERNARD L. MADOFF
INVESTMENT SECURITIES LLC
New York ☐ London

SYLVIA SAMUELS

7635 SOUTHAMPTON TERRACE #307
TAMARAC FL 33321

885 Third Avenue
New York, NY 10022
(212) 230-2424
800 334-1343
Fax (212) 838-4061

11/18/09
Affiliated with
Madoff Securities International Limited
12 Berkeley Street
Mayfair, London W1J 8BT
Tel 020 7493 6222

YOUR ACCOUNT NUMBER
1-50494-3-0

PERIOD ENDING
12/31/04

PAGE
1

TOTAL TAXPAYER IDENTIFICATION NUMBER

DATE	BOLUSAT RECEIVED ON LONG	SOLD DELIVERED ON SHORT	TIN	DESCRIPTION	PRICE ON DIVIDEND	AMOUNT CREDITED TO YOUR ACCOUNT	AMOUNT CREDITED TO YOUR ACCOUNT
12/02				BALANCE FORWARD			5,906.30
12/02				MICROSOFT CORP DIV 11/17/04 12/02/04	DIV		115.28
12/02				MICROSOFT CORP DIV 11/17/04 12/02/04	DIV		4,323.07
12/03				PEIZER INC DIV 11/12/04 12/03/04	DIV		170.17
12/07				JOHNSON & JOHNSON DIV 11/16/04 12/07/04	DIV		112.86
12/08	1,683		37973	FIDELITY SPARTAN U S TREASURY MONEY MARKET	1	1,683.00	
12/10		682	322	CITY GROUP INC	46-280		31,562.96
12/10		605	4052	TIME WARNER INC	18-280		11,059.40
12/10		891	4596	CISCO SYSTEMS INC	20-070		17,882.37
12/10		264	8326	TYCO INTERNATIONAL LTD	33-840		8,934.76
12/10		275	10358	THE WALT DISNEY CO	27-200		7,480.00
12/10		253	12458	U S RANCOOP	29-430		7,445.79
12/10		1,408	14577	GENERAL ELECTRIC CO	35-360		49,786.88
12/10		231	16685	VIAISON INC	36-100		8,339.10
12/10		297	18851	CLASS B NON VOTING SHS	41-950		12,459.15
12/10		353	20959	HOMER DEPOT INC	41-560		15,086.28
12/10		396	23012	VERIZON COMMUNICATIONS	21-310		8,438.75
12/10		220	25233	HEWLETT PACKARD CO WELLS FARGO & CO NEW	62-100		13,662.00

CONTINUED ON PAGE 2

PLEASE PRINT THIS STATEMENT FOR INCOME TAX PURPOSES



BERNARD L. MADOFF
INVESTMENT SECURITIES LLC
New York □ London

SYLVIA SAMUELS

**7635 SOUTHAMPTON TERRACE #307
TAMARAC FL 33321**

885 Third Avenue
New York, NY 10022
(212) 230-2424
800 834-1343
Fax (212) 838-4061

Affiliated with
Madoff Securities International Limited
12 Berkeley Street
Mayfair, London W1J 8DT
Tel 020 7493 6222

YOUR ACCOUNT NUMBER
1-50494-3-0

PERIOD ENDING
12/31/04

PAGE
2

YOUR TAX PAYER IDENTIFICATION NUMBER

DATE	BOUGHT ACQUIRED OR LONG	SOLD DELIVERED OR SHORT	YIN	DESCRIPTION	PRICE OR BYBID	AMOUNT DEBITED TO YOUR ACCOUNT	AMOUNT CREDITED TO YOUR ACCOUNT
12/10		220	27257	INTERNATIONAL BUSINESS MACHS	97.320		21,410.40
12/10		561	29507	MAL-MART STORES INC	52.770		29,603.97
12/10		858	31531	INTEL CORP	23.760		20,385.08
12/10		869	33781	EXXON MOBIL CORP	49.660		43,154.54
12/10		396	35805	JOHNSON & JOHNSON	61.170		24,215.40
12/10		473	40079	J.P. MORGAN CHASE & CO	38.050		17,997.55
12/10		319	44353	COCA COLA CO	40.250		12,839.75
12/10		165	48627	MEDTRONIC INC	48.900		8,068.50
12/10		99	52901	3M COMPANY	79.300		7,850.79
12/10		275	57175	ALTRIA GROUP INC	57.960		15,939.00
12/10		297	51449	MERCK & CO	28.210		8,378.37
12/10		1,441	65723	MICROSOFT CORP	27.260		39,281.66
12/10		143	69890	MORISAN STANLEY	53.570		7,660.51
12/10		682	82685	ORACLE CORPORATION	13.290		9,063.78
12/10		341	83227	AMERICAN INTL GROUP INC	64.610		22,032.01
12/10		220	86959	PEPSICO INC	50.610		11,134.20
12/10		176	87501	AMGEN INC	62.620		11,021.12
12/10		1,001	91233	PFIZER INC	27.460		27,487.46
12/10		165	91774	AMERICAN EXPRESS COMPANY	55.680		9,187.20
12/10		341	95507	PROCTER & GAMBLE CO	54.330		18,526.57
12/10		539	96047	BANK OF AMERICA	46.200		24,901.80
12/10		440	99777	EXXON MOBIL CORP	25.570		11,250.80
12/10				INTERNATIONAL BUSINESS MACHS	DIV		234.63
12/10				CONTINUED ON PAGE 3			39.65

PLEASE RETAIN THIS STATEMENT FOR INCOME TAX PURPOSES

[illegible]



BERNARD L. MADOFF
INVESTMENT SECURITIES LLC
New York □ London

SYLVIA SAMUELS

7635 SOUTHAMPTON TERRACE #307
FL 33321
TAMARAC

885 Third Avenue
New York, NY 10022
(212) 230-2424
800 334-1343
Fax (212) 838-4061

Artified with
Madoff Securities International Limited
12 Berkeley Street
Mayfair, London W1J 8DT
Tel 020 7493 6022

YOUR ACCOUNT NUMBER 1-50494-3-0	TRADING DESKTOP 12/31/04	PAGE 4
YOUR TAX PAYER IDENTIFICATION NUMBER		

DATE	BOUGHT RECEIVED ON LONG	SOLD DELIVERED ON SHORT	TIN	DESCRIPTION	PRICE OR BID/BDL	AMOUNT DEBITED TO YOUR ACCOUNT	AMOUNT CREDITED TO YOUR ACCOUNT
12/16	23,685		61270	FIDELITY SPARTAN U S TREASURY MONEY MARKET	1	23,685.00	
12/17				AMERICAN INTL GROUP INC DIV 12/03/04 12/17/04	DIV		25.59
12/22				BANK OF AMERICA DIV 12/03/04 12/22/04	DIV		242.75
12/31		285,000	82968	U S TREASURY BILL DUE 2/10/2005	99-801		274,457.75
12/31		300,000	05139	U S TREASURY BILL DUE 3/10/2005	99-619		298,657.00
12/31				FIDELITY SPARTAN U S TREASURY MONEY MARKET	DIV		15.94
12/31		23,685	73778	TRANS TO ACCT FIDELITY SPARTAN U S TREASURY MONEY MARKET	1 JRNL	4,223.00	23,685.00
12/31			90401	U S TREASURY BILL DUE 04/07/2005	99-396	298,108.00	
12/31	300,000		94832	U S TREASURY BILL DUE 4/14/2005	99-336	298,008.00	
12/31	6,219		99332	FIDELITY SPARTAN U S TREASURY MONEY MARKET	1	6,219.00	

PLEASE RETAIN THIS STATEMENT FOR INCOME TAX PURPOSES

CONTINUED ON PAGE 5



BERNARD L. MADOFF
 INVESTMENT SECURITIES LLC
 New York □ London

SYLVIA SAMUELS

**7635 SOUTHAMPTON TERRACE #307
 TAMARAC FL 33321**

885 Third Avenue
 New York, NY 10022
 (212) 280-2424
 800 334-1343
 Fax (212) 838-4061

Affiliated with
 Madoff Securities International Limited
 12 Berkeley Street
 Mayfair, London W1J 8DT
 Tel (020) 7493 6222

YOUR ACCOUNT NUMBER
1-50494-3-0

TRADE DATES
12/31/04

PAGE
5

YOUR TAX PAYER IDENTIFICATION NUMBER

DATE	BOUGHT RECEIVED OR LONG	SOLD DELIVERED OR SHORT	TIN	DESCRIPTION	PRICE OR SYMBOL	AMOUNT DEBITED TO YOUR ACCOUNT	AMOUNT CREDITED TO YOUR ACCOUNT
	6,219			NEW BALANCE			
	300,000			SECURITY POSITIONS			
	300,000			FIDELITY SPARTAN	MKT PRICE		
				U S TREASURY MONEY MARKET	1		
				U S TREASURY BILL	99.396		
				DUE 04/07/2005			
				4/07/2005			
				U S TREASURY BILL	99.335		
				DUE 4/14/2005			
				4/14/2005			
				MARKET VALUE OF SECURITIES			
				LONG			
				602,415.00			
				SHORT			
							-39

PLEASE RETAIN THIS STATEMENT FOR INCOME TAX PURPOSES



BERNARD L. MADOFF
 INVESTMENT SECURITIES LLC
 New York ☐ London

SYLVIA SANDELS

**7635 SOUTHAMPTON TERRACE #307
 TAMARAC FL 33521**

885 Third Avenue
 New York, NY 10022
 (212) 230-2424
 800 334-1343
 Fax (212) 838-4061

Associated with
 Madoff Securities International Limited
 12 Berkeley Street
 Mayfair, London W1J 8DT
 Tel 020 7493 6222

TOTAL ACCOUNT BALANCE
1-50694-3-0

PERIOD ENDING
12/31/04

PAGE
6

YOUR TAX RETURN DERIVED FROM THIS REPORT

DATE	BOUGHT RECEIVED ON LONG	SOLD DELIVERED ON SHORT	TIN	DESCRIPTION	PRICE ON SYMBOL	AMOUNT DEBITED TO YOUR ACCOUNT	AMOUNT CREDITED TO YOUR ACCOUNT
				YEAR-TO-DATE SUMMARY DIVIDENDS GROSS PROCEEDS FROM SALES			9,676.28 6,471,399.82

PLEASE RETAIN THIS STATEMENT FOR INCOME TAX PURPOSES



BERNARD L. MADOFF
INVESTMENT SECURITIES LLC
New York ☐ London

SYLVIA SAMUELS

7635 SOUTHAMPTON TERRACE #307
TAMARAC FL 33321

885 Third Avenue
New York, NY 10022
(212) 230-2424
800 334-1343
Fax (212) 838-4061

Affiliated with
Madoff Securities International Limited
12 Berkeley Street
Mayfair, London W1J 8DT
Tel 020 7693 6222

YOUR ACCOUNT NUMBER
1-50494-4-0

PERIOD ENDING
12/31/04

PAGE
1

YOUR TAX PAYER IDENTIFICATION NUMBER

DATE	BUY/SHORT RECEIVED OR LONG	SOLD RECEIVED OR SHORT	TIN	DESCRIPTION	PRICE OR SYMBOL	AMOUNT DEBITED TO YOUR ACCOUNT	AMOUNT CREDITED TO YOUR ACCOUNT
12/06	11		74137	BALANCE FORWARD	1.850	5,906.00	
12/08		11	78411	S & P 100 INDEX DECEMBER 570 CALL S & P 100 INDEX DECEMBER 560 PUT TRANS FROM 30 ACCT	3.400	2,046.00	3,729.00
12/31				NEW BALANCE	JRNL		4,223.00

PLEASE RETAIN THIS STATEMENT FOR INCOME TAX PURPOSES

Exhibit H

Form 1040		U.S. Individual Income Tax Return 2005		(99)	IRS Use Only — Do not write or staple in this space.
Department of the Treasury — Internal Revenue Service		For the year Jan 1 - Dec 31, 2005, or other tax year beginning 2005, ending 20		OMB No. 1545-0074	
Label (See instructions.)	Your first name MI Last name		Your social security number		Spouse's social security number
	SYLVIA M SAMUELS				
	If a joint return, spouse's first name MI Last name				
Use the IRS label. Otherwise, please print or type.	Home address (number and street). If you have a P.O. box, see instructions.		Apartment no.		You must enter your social security number(s) above. ▲
	7635 SOUTHAMPTON TERRACE		307		
	City, town or post office. If you have a foreign address, see instructions.		State ZIP code		
Presidential Election Campaign	TAMARAC		FL 33321		Checking a box below will not change your tax or refund.
	Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? (see instructions)		You Spouse		
Filing Status	1 <input checked="" type="checkbox"/> Single		4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.		Boxes checked on 6a and 6b ... 1
	2 <input type="checkbox"/> Married filing jointly (even if only one had income)		5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions)		
	3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above & full name here.				
Exemptions	6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a				No. of children on 6c who: • lived with you ... • did not live with you due to divorce or separation (see instrs) ... Dependents on 6c not entered above ... Add numbers on lines above ... 1
	b <input type="checkbox"/> Spouse				
	c Dependents:				
Income	(1) First name Last name		(2) Dependent's social security number		(3) Dependent's relationship to you
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	7 Wages, salaries, tips, etc. Attach Form(s) W-2		8a		25.
	8a Taxable interest. Attach Schedule B if required		8b		
	b Tax-exempt interest. Do not include on line 8a				
If you did not get a W-2, see instructions.	9a Ordinary dividends. Attach Schedule B if required		9b		10
	b Qualified divs (see instrs)				
	10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)				
Enclose, but do not attach, any payment. Also, please use Form 1040-V.	11 Alimony received				12
	12 Business income or (loss). Attach Schedule C or C-EZ				
	13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here				
Adjusted Gross Income	14 Other gains or (losses). Attach Form 4797				15b
	15a IRA distributions		b Taxable amount (see instrs)		
	16a Pensions and annuities		b Taxable amount (see instrs)		
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E				18	
18 Farm income or (loss). Attach Schedule F					
19 Unemployment compensation					
20a Social security benefits		b Taxable amount (see instrs)		21	
21 Other income					
22 Add the amounts in the far right column for lines 7 through 21. This is your total income					
23 Educator expenses (see instructions)				24	
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ					
25 Health savings account deduction. Attach Form 8889					
26 Moving expenses. Attach Form 3903				27	
27 One-half of self-employment tax. Attach Schedule SE					
28 Self-employed SEP, SIMPLE, and qualified plans					
29 Self-employed health insurance deduction (see instructions)				29	
30 Penalty on early withdrawal of savings					
31a Alimony paid b Recipient's SSN					
32 IRA deduction (see instructions)				32	
33 Student loan interest deduction (see instructions)					
34 Tuition and fees deduction (see instructions)					
35 Domestic production activities deduction. Attach Form 8903				35	
36 Add lines 23 - 31a and 32 - 35					
37 Subtract line 36 from line 22. This is your adjusted gross income					

Page 2
3,434.

Form 1040 (2005) **SYLVIA M SAMUELS**

Tax and Credits

38 Amount from line 37 (adjusted gross income) **38** **3,434.**

39a Check ☒ You were born before January 2, 1941, ☐ Blind. Total boxes checked **39a** **1**

if: ☐ Spouse was born before January 2, 1941, ☐ Blind. **39b** **0**

b If your spouse itemizes on a separate return, or you were a dual-status alien, see instructions and check here **39b** **0**

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) **40** **10,914.**

41 Subtract line 40 from line 38 **41** **-7,480.**

42 If line 38 is over \$109,475, or you provided housing to a person displaced by Hurricane Katrina, see instructions. Otherwise, multiply \$3,200 by the total number of exemptions claimed on line 6d **42** **3,200.**

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- **43** **0.**

44 Tax (see instrs). Check if any tax is from: a ☐ Form(s) 8814 b ☐ Form 4972 **44** **0.**

45 Alternative minimum tax (see instructions). Attach Form 6251 **45** **723.**

46 Add lines 44 and 45 **46** **723.**

47 Foreign tax credit. Attach Form 1116 if required **47**

48 Credit for child and dependent care expenses. Attach Form 2441 **48**

49 Credit for the elderly or the disabled. Attach Schedule R **49**

50 Education credits. Attach Form 8863 **50**

51 Retirement savings contributions credit. Attach Form 8880 **51**

52 Child tax credit (see instructions). Attach Form 8901 if required **52**

53 Adoption credit. Attach Form 8839 **53**

54 Credits from: a ☐ Form 8396 b ☐ Form 8859 **54**

55 Other credits. Check applicable box(es): a ☐ Form 3800 **55**

b ☐ Form ☐ Form **55**

56 Add lines 47 through 55. These are your total credits **56** **723.**

57 Subtract line 56 from line 46. If line 56 is more than line 46, enter -0- **57** **723.**

Other Taxes

58 Self-employment tax. Attach Schedule SE **58**

59 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 **59**

60 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required **60**

61 Advance earned income credit payments from Form(s) W-2 **61**

62 Household employment taxes. Attach Schedule H **62**

63 Add lines 57-62. This is your total tax **63** **723.**

Payments

64 Federal income tax withheld from Forms W-2 and 1099 **64**

65 2005 estimated tax payments and amount applied from 2004 return **65**

66a Earned income credit (EIC) **66a**

b Nontaxable combat pay election **66b**

67 Excess social security and tier 1 RRTA tax withheld (see instructions) **67**

68 Additional child tax credit. Attach Form 8812 **68**

69 Amount paid with request for extension to file (see instructions) **69**

70 Payments from: a ☐ Form 2439 b ☐ Form 4136 c ☐ Form 8885 **70**

71 Add lines 64, 65, 66a, and 67 through 70. These are your total payments **71**

72 If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you overpaid **72**

73a Amount of line 72 you want refunded to you **73a**

b Routing number **73b**

c Type: ☐ Checking ☐ Savings **73c**

d Account number **73d**

74 Amount of line 72 you want applied to your 2006 estimated tax **74**

75 Amount you owe. Subtract line 71 from line 63. For details on how to pay, see instructions **75** **723.**

76 Estimated tax penalty (see instructions) **76**

Refund

Direct deposit? See instructions and fill in 73b, 73c, and 73d.

Amount You Owe

75 Amount you owe. Subtract line 71 from line 63. For details on how to pay, see instructions **75** **723.**

76 Estimated tax penalty (see instructions) **76**

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete the following. ☐ No

Designee's name **Preparer** Phone no. **04/10/2006** Personal identification number (PIN) **58-2674722**

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature **TEACHING ASST** Date **04/10/2006** Your occupation **TEACHING ASST** Daytime phone number **58-2674722**

Spouse's signature. If a joint return, both must sign. Date **04/10/2006** Spouse's occupation **TEACHING ASST**

Paid Preparer's Use Only

Firm's name (or yours if self-employed) **DiRocco & Company, CPA, PA** EIN **58-2674722**

Address, and ZIP code **6601 NW 14th Street, Suite 3** **FL 33313** Phone no. **58-2674722**

Preparer's signature **04/10/2006** Check if self-employed ☐

Form 1040 (2005)

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on Form 1040

Itemized Deductions

► Attach to Form 1040.
► See instructions for Schedule A (Form 1040).

OMB No. 1545-0074

2005

Attachment
Sequence No. **07**

Your social security number

SYLVIA M SAMUELS

Medical and Dental Expenses		Caution. Do not include expenses reimbursed or paid by others.		1	938.	
	1 Medical and dental expenses (see instructions)	2	3,434.	3	258.	
	2 Enter amount from Form 1040, line 38					
	3 Multiply line 2 by 7.5% (.075)			4		680.
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-					
Taxes You Paid		5	192.			
	5 State and local (check only one box):					
	a <input type="checkbox"/> Income taxes, or	6	2,341.			
	b <input checked="" type="checkbox"/> General sales taxes (see instructions)	7				
	6 Real estate taxes (see instructions)	8				
	7 Personal property taxes	9				2,533.
	8 Other taxes. List type and amount ►					
	9 Add lines 5 through 8	10	6,705.			
Interest You Paid		11				
	10 Home mtg interest and points reported to you on Form 1098	12				
	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ►	13	25.			
	12 Points not reported to you on Form 1098. See instrs for spec rules	14				6,730.
	13 Investment interest. Attach Form 4952 if required. (See instrs.)					
	14 Add lines 10 through 13					
Gifts to Charity		15a	420.			
	15a Total gifts by cash or check. If you made any gift of \$250 or more, see instrs	16	395.			
	b Gifts by cash or check after August 27, 2005, that you elect to treat as qualified contributions (see instructions)	17				
	16 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	18				815.
	17 Carryover from prior year	19				
	18 Add lines 15a, 16, & 17					
Casualty and Theft Losses		20				
	19 Casualty or theft loss(es). Attach Form 4684. (See instructions.)	21	225.			
Job Expenses and Certain Miscellaneous Deductions		22				
	20 Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ►	23	225.			
	21 Tax preparation fees	24	3,434.			
	22 Other expenses — investment, safe deposit box, etc. List type and amount ►	25	69.			
	23 Add lines 20 through 22	26				156.
	24 Enter amount from Form 1040, line 38					
	25 Multiply line 24 by 2% (.02)					
	26 Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-					
Other Miscellaneous Deductions		27				
	27 Other — from list in the instructions. List type and amount ►					
Total Itemized Deductions		28				10,914.
	28 Is Form 1040, line 38, over \$145,950 (over \$72,975 if MFS)?					
	<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 40.					
	<input type="checkbox"/> Yes. Your deduction may be limited. See instructions for the amount to enter.					
29 If you elect to itemize deductions even though they are less than your standard deduction, check here ►						

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on Form 1040

SYLVIA M SAMUELS

Capital Gains and Losses

► Attach to Form 1040. ► See instructions for Schedule D (Form 1040).
► Use Schedule D-1 to list additional transactions for lines 1 and 8.

OMB No. 1545-0074

2005

Attachment
Sequence No. **12**

Your social security number _____

Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less

(a) Description of property (Example: 100 shares XYZ Co)	(b) Date acquired (Mo, day, yr)	(c) Date sold (Mo, day, yr)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
1					
2 Enter your short-term totals, if any, from Schedule D-1, line 2			2		
3 Total short-term sales price amounts. Add lines 1 and 2 in column (d)			3		
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824					4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1					5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions					6
7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f)					7

Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year

(a) Description of property (Example: 100 shares XYZ Co)	(b) Date acquired (Mo, day, yr)	(c) Date sold (Mo, day, yr)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
8 BERNARD L MADOFF	Various	Various	5,586,429.	5,530,007.	56,422.
9 Enter your long-term totals, if any, from Schedule D-1, line 9			9		
10 Total long-term sales price amounts. Add lines 8 and 9 in column (d)			10	5,586,429.	
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824					11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1					12
13 Capital gain distributions. See instrs					13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions					14
15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to Part III on page 2					15

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule D (Form 1040) 2005

Schedule D (Form 1040) 2005 SYLVIA M. SAMUELS

Summary

16	Combine lines 7 and 15 and enter the result. If line 16 is a loss, skip lines 17 through 20, and go to line 21. If a gain, enter the gain on Form 1040, line 13, and then go to line 17 below	16	-107,301.
17	Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions	18	
19	Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions	19	
20	Are lines 18 and 19 both zero or blank? <input type="checkbox"/> Yes. Complete Form 1040 through line 43, and then complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040. Do not complete lines 21 and 22 below. <input type="checkbox"/> No. Complete Form 1040 through line 43, and then complete the Schedule D Tax Worksheet in the instructions. Do not complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, line 13, the smaller of: • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) Note. When figuring which amount is smaller, treat both amounts as positive numbers.	21	-3,000.
22	Do you have qualified dividends on Form 1040, line 9b? <input type="checkbox"/> Yes. Complete Form 1040 through line 43, and then complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040. <input checked="" type="checkbox"/> No. Complete the rest of Form 1040.		

Schedule D (Form 1040) 2005

Form **6251**
(Rev. January 2006)Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on Form 1040

Alternative Minimum Tax — Individuals▶ See separate instructions.
▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2005Attachment
Sequence No. **32**

Your social security number

SYLVIA M SAMUELS

Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.)

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 2), and go to line 2. Otherwise, enter the amount from Form 1040, line 38 (minus any amount on Form 8914, line 2), and go to line 7. (If less than zero, enter as a negative amount.)	1	-7,480.
2	Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4 or 2-1/2% of Form 1040, line 38	2	86.
3	Taxes from Schedule A (Form 1040), line 9	3	2,533.
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 26	5	156.
6	If Form 1040, line 38, is over \$145,950 (over \$72,975 if married filing separately), enter the amount from line 9 of the Itemized Deductions Worksheet in the instructions for Schedules A and B (Form 1040)	6	
7	Tax refund from Form 1040, line 10 or line 21	7	
8	Investment interest expense (difference between regular tax and AMT)	8	0.
9	Depletion (difference between regular tax and AMT)	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
11	Interest from specified private activity bonds exempt from the regular tax	11	
12	Qualified small business stock (7% of gain excluded under section 1202)	12	
13	Exercise of incentive stock options (excess of AMT income over regular tax income)	13	
14	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, Code A)	14	
15	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	15	
16	Disposition of property (difference between AMT and regular tax gain or loss)	16	59,422.
17	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	17	
18	Passive activities (difference between AMT and regular tax income or loss)	18	
19	Loss limitations (difference between AMT and regular tax income or loss)	19	
20	Circulation costs (difference between AMT and regular tax income)	20	
21	Long-term contracts (difference between AMT and regular tax income)	21	
22	Mining costs (difference between AMT and regular tax income)	22	
23	Research and experimental costs (difference between regular tax and AMT)	23	
24	Income from certain installment sales before January 1, 1987	24	
25	Intangible drilling costs preference	25	
26	Other adjustments including income based related adjustments	26	
27	Alternative tax net operating loss deduction	27	
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$191,000, see instructions.)	28	54,717.

Part II Alternative Minimum Tax

29 Exemption. If this form is for a child under age 14, see instructions.)

IF your filing status is ...	AND line 28 is not over ...	THEN enter on line 29 ...	
Single or head of household	\$112,500	\$40,250	29 40,250.
Married filing jointly or qualifying widow(er)	150,000	58,000	
Married filing separately	75,000	29,000	
If line 28 is over the amount shown above for your filing status, see instructions.			30 14,467.
30	Subtract line 29 from line 28. If zero or less, enter -0- here and on lines 33 and 35 and stop here		
31	<ul style="list-style-type: none"> If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 55 here. All others: If line 30 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result. 		31 723.
32	Alternative minimum tax foreign tax credit (see instructions)		32 723.
33	Tentative minimum tax. Subtract line 32 from line 31		
34	Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). If you used Schedule J to figure your tax, the amount for line 44 of Form 1040 must be refigured without using Schedule J (see instructions)		34 0.
35	Alternative minimum tax. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45		35 723.

Form 6251 (2005) (Rev 1-2006) SYLVIA M SAMUELS

Part III Tax Computation Using Maximum Capital Gains Rates

36	Enter the amount from Form 6251, line 30	36	14,467.
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions)	37	56,422.
38	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see instructions)	38	
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary)	39	56,422.
40	Enter the smaller of line 36 or line 39	40	14,467.
41	Subtract line 40 from line 36	41	0.
42	If line 41 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise, multiply line 41 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result	42	0.
43	Enter: • \$59,400 if married filing jointly or qualifying widow(er), • \$29,700 if single or married filing separately, or • \$39,800 if head of household.	43	29,700.
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter -0-	44	
45	Subtract line 44 from line 43. If zero or less, enter -0-	45	29,700.
46	Enter the smaller of line 36 or line 37	46	14,467.
47	Enter the smaller of line 45 or line 46	47	14,467.
48	Multiply line 47 by 5% (.05)	48	723.
49	Subtract line 47 from line 46	49	0.
50	Multiply line 49 by 15% (.15) If line 38 is zero or blank, skip lines 51 and 52 and go to line 53. Otherwise, go to line 51.	50	0.
51	Subtract line 45 from line 40	51	
52	Multiply line 51 by 25% (.25)	52	
53	Add lines 42, 48, 50, and 52	53	723.
54	If line 36 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result	54	3,761.
55	Enter the smaller of line 53 or line 54 here and on line 31	55	723.

Form 6251 (2005) (Rev 1-2006)

Investment Interest Expense Deduction		OMB No. 1545-0191
Form 4952	2005	
Department of the Treasury Internal Revenue Service (99)	Attachment Sequence No. 51	
▶ Attach to your tax return.		Identifying number
Name(s) shown on return		
SYLVIA M SAMUELS		
Total Investment Interest Expense		
1 Investment interest expense paid or accrued in 2005 (see instructions)	1	
2 Disallowed investment interest expense from 2004 Form 4952, line 7	2	58,726.
3 Total investment interest expense. Add lines 1 and 2	3	58,726.
Net Investment Income		
4a Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)	4a	25.
b Qualified dividends included on line 4a	4b	
c Subtract line 4b from line 4a	4c	25.
d Net gain from the disposition of property held for investment	4d	
e Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment (see instructions)	4e	
f Subtract line 4e from line 4d	4f	
g Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions)	4g	
h Investment income. Add lines 4c, 4f, and 4g	4h	25.
5 Investment expenses (see instructions)	5	
6 Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-	6	25.
Investment Interest Expense Deduction		
7 Disallowed investment interest expense to be carried forward to 2006. Subtract line 6 from line 3. If zero or less, enter -0-	7	58,701.
8 Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions	8	25.

BAA For Paperwork Reduction Act Notice, see separate instructions.

Form 4952 (2005)

Mail Form 1040-V to the Internal Revenue Service Center at the address listed below.

Form 1040-V (2005)

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury
Internal Revenue Service

2005

Form 1040-V Payment Voucher

- ▶ Use this voucher when making a payment with Form 1040.
- ▶ Do not staple this voucher or your payment to Form 1040.
- ▶ Make your check or money order payable to the 'United States Treasury.'
- ▶ Write your social security number (SSN) on your check or money order.

Enter the amount
of your payment

723.

FDIA8601 12/15/05 1030

SYLVIA M SAMUELS
7635 SOUTHAMPTON TERRACE
TAMARAC FL 33321

307

INTERNAL REVENUE SERVICE
PO BOX 105017
ATLANTA GA 30348-5017

112163109 TW SAMU 30 0 200512 610

Mail Form 1040-V to the Internal Revenue Service Center at the address listed below.

Form 1040-V (2005)

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury
Internal Revenue Service

2005

Form 1040-V Payment Voucher

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Enter the amount of your payment	723.
FDIA8601 12/15/05	1030

SYLVIA M SAMUELS
7635 SOUTHAMPTON TERRACE
TAMARAC FL 33321

307

INTERNAL REVENUE SERVICE
PO BOX 105017
ATLANTA GA 30348-5017

112163109 TW SAMU 30 D 200512 610



BERNARD L. MADOFF
 INVESTMENT SECURITIES LLC
 New York ☐ London

SYLVIA SAMUELS

**7635 SOUTHAMPTON TERRACE #307
 TAMARAC FL 33321**

885 Third Avenue
 New York, NY 10022
 (212) 230-2424
 800 334-1343
 Fax (212) 838-4061

Affiliated with
 Madoff Securities International Limited
 12 Berkeley Street
 Mayfair, London W1J 8DT
 Tel 020 7493 6222

Periodic Statement
 12/31/05
 YOUR ACCOUNT NUMBER
 1-50494-4-0
 YOUR TAX PAYER IDENTIFICATION NUMBER
 1

DATE	AMOUNT RECORDED ON STATE	SOLD OBTAINED ON BROKT	TRN	DESCRIPTION	PRICE ON SYMBOL	AMOUNT DEBITED TO YOUR ACCOUNT	AMOUNT CREDITED TO YOUR ACCOUNT
12/14	11		68155	BALANCE FORWARD	8.200	6,370.00	
12/14		11	72412	S & P 100 INDEX DECEMBER 570 CALL S & P 100 INDEX DECEMBER 565 PUT TRANS FROM 30 ACCT	.300 JRNL	9,031.00	319.00
12/30				NEW BALANCE			15,092.00

PLEASE RETAIN THIS STATEMENT FOR INCOME TAX PURPOSES



BERNARD L. MADOFF
INVESTMENT SECURITIES LLC
New York ☐ London

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TAMARAC FL 33321

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New York, NY 10022
(212) 250-2424
800 334-1343
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Tel 020 7493 6222

TOTAL ACCOUNT NUMBER
1-50494-3-0

PLANS ENDING
12/31/05

PAGE
1

DATE	BOUGHT RECEIVED ON (Date)	SOLD PAID/RECEIVED ON (Date)	TEN	DESCRIPTION	PRICE OR SYMBOL	AMOUNT DEBITED TO YOUR ACCOUNT	AMOUNT CREDITED TO YOUR ACCOUNT
12/01				BALANCE FORWARD			6,370.77
12/01				INTEL CORP DIV 11/07/05 12/01/05	DIV		67.76
12/06				WELLS FARGO & CO NEW DIV 11/04/05 12/01/05	DIV		120.12
12/08				Pfizer Inc DIV 11/11/05 12/06/05	DIV		196.46
12/09				MICROSOFT CORP DIV 11/17/05 12/08/05	DIV		102.08
12/12				EXXON MOBIL CORP DIV 11/10/05 12/09/05	DIV		258.39
12/13				CHEVRON CORP DIV 11/18/05 12/12/05	DIV		143.55
12/13				INTERNATIONAL BUSINESS MACHS DIV 11/10/05 12/10/05	DIV		44.00
12/13				JOHNSON & JOHNSON DIV 11/22/05 12/13/05	DIV		137.94
12/15				J.P. MORGAN CHASE & CO J.P. MORGAN CHASE & CO	39.500 39.500	19,118.00	19,118.00
12/15	484	484	36423 36423	CDCA COLA CO HOME DEPOT INC TIME WARNER INC DIV 12/01/05 12/15/05 DIV 12/01/05 12/15/05 DIV 11/30/05 12/15/05	DIV DIV DIV		80.08 29.70 32.45
12/15				CONTINUED ON PAGE 2			

PLEASE RETAIN THIS STATEMENT FOR INCOME TAX PURPOSES



BERNARD L. MADOFF
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New York ☐ London

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1-50494-3-0

PERIOD ENDING
12/31/05

PAGE
2

YOUR TOTAL INVESTMENT IN THIS ACCOUNT

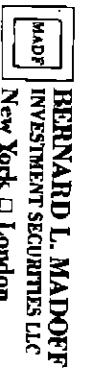
DATE	BOUGHT RECORDED ON LONG	SOLD DELIVERED PER SHORT	TIN	DESCRIPTION	PRICE ON SYMBO	AMOUNT DEBITED TO YOUR ACCOUNT	AMOUNT CREDITED TO YOUR ACCOUNT
12/16		385	2214	VERTIZON COMMUNICATIONS	30.800		11,858.00
12/16		319	2365	CHEVRON CORP	59.840		19,088.96
12/16		231	6471	WELLS FARGO & CO NEW	63.400		14,645.40
12/16		330	6622	DELL INC	33.070		10,913.10
12/16		352	10728	WAL-MART STORES INC	49.470		17,413.44
12/16		1,463	10880	GENERAL ELECTRIC CO	35.450		51,863.35
12/16		891	14985	EXXON MOBIL CORP	59.600		53,103.60
12/16		297	15138	HOME DEPOT INC	42.160		12,521.52
12/16		396	19395	HEWLETT PACKARD CO	29.320		11,610.72
12/16		220	23652	INTERNATIONAL BUSINESS MACHS	84.470		18,583.40
12/16		847	27909	INTEL CORP	26.740		22,649.78
12/16		418	32166	JOHNSON & JOHNSON	60.330		25,217.94
12/16		484	36423	J.P. MORGAN CHASE & CO	39.500		19,118.00
12/16		286	40680	COCA COLA CO	41.080		11,748.88
12/16		165	44937	MEDTRONIC INC	56.380		9,302.70
12/16		132	47725	MERRILL LYNCH & CO INC	68.690		9,067.08
12/16		286	51545	ALTRIA GROUP INC	74.090		21,189.74
12/16		308	55748	MERCK & CO	29.030		8,941.24
12/16		1,276	59988	MICROSOFT CORP	27.310		34,847.58
12/16		220	68346	ABBOTT LABORATORIES	39.520		8,694.40
12/16		363	72603	AMERICAN INTL GROUP INC	66.170		24,019.71
12/16		231	76669	PEPSICO INC	59.110		13,654.41
12/16		176	76860	ANGEN INC	77.530		13,645.28
12/16		1,094	80926	PFIZER INC	22.140		22,892.76
12/16		176	81113	AMERICAN EXPRESS COMPANY	51		8,976.00

CONTINUED ON PAGE 3

PLEASE RETAIN THIS STATEMENT FOR INCOME TAX PURPOSES



DATE	BOUGHT RECEIVED OR LOAN	SOLD DELIVERED OR MGMT	TBN	DESCRIPTION	PRICE OR SYMBOL	AMOUNT DEBITED TO YOUR ACCOUNT	AMOUNT CREDITED TO YOUR ACCOUNT
12/16		484	85183	PROCTER & GAMBLE CD	58.530		28,328.55
12/16		561	85370	BANK OF AMERICA	46.580		26,131.33
12/16		407	89440	SPRINT NEXTEL CORP	25.170		10,244.11
12/16		715	89627	CITI GROUP INC	49.590		35,456.88
12/16		462	93694	AT&T INC	24.990		11,545.31
12/16		308	93857	COMCAST CORP	26.660		8,211.22
12/16				CL A			
12/16		649	97951	TIME WARNER INC	17.850		11,584.65
12/16		891	98107	CISCO SYSTEMS INC	17.510		15,601.45
12/16				FIDELITY SPARTAN	DIV		6.99
12/16				U S TREASURY MONEY MARKET			
12/16				DIV 12/16/05			
12/16				AMERICAN INTL GROUP INC			
12/16				DIV 12/02/05 12/16/05			
12/16		4,577	48435	FIDELITY SPARTAN	1		54,455.00
12/16				U S TREASURY MONEY MARKET			
12/16				DUE 4/06/2006			
12/16	300,000		52815	U S TREASURY BILL	98.794	296,382.00	
12/16				4/06/2006			
12/16	300,000		57072	U S TREASURY BILL	98.705	296,115.00	
12/16				DUE 4/13/2006			
12/16				4/13/2006			
12/16	26,045		62036	FIDELITY SPARTAN	1	26,045.00	
12/16				U S TREASURY MONEY MARKET			
12/16				FIDELITY SPARTAN			
12/16				U S TREASURY MONEY MARKET			
12/16				DIV 12/22/05			
12/22				CONTINUED ON PAGE 4			15.01



BERNARD L. MADOFF
INVESTMENT SECURITIES LLC
New York ☐ London

SYLVIA SARUELS

7635 SOUTHAMPTON TERRACE #307
TAMARAC FL 33321

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New York, NY 10022
(212) 280-2424
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Fax (212) 838-4061

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YOUR ACCOUNT NUMBER
1-50494-3-0

YOUR TOLL FREE INVESTIGATION NUMBER
12/31/05

MADE
12/31/05

MADE
4

DATE	BOUGHT RECEIVED OR LONG	SOLD DELIVERED OR SHORT	TRN	DESCRIPTION	PRICE OR SPREAD	AMOUNT DEBITED TO YOUR ACCOUNT	AMOUNT CREDITED TO YOUR ACCOUNT
12/22		26,060	68420	FIDELITY SPARTAN U S TREASURY MONEY MARKET	1	26,060.00	26,045.00
12/22	26,060		73127	FIDELITY SPARTAN U S TREASURY MONEY MARKET	1		280.50
12/23				BANK OF AMERICA DIV 12/02/05 12/23/05	DIY		20.05
12/30				FIDELITY SPARTAN U S TREASURY MONEY MARKET	DIY		10.18
12/30				SPRINT NEXTEL CORP DIV 12/09/05 12/30/05	JRNL	15,082.00	
12/30	300,000		1059	TRANS TO 40 ACCT U S TREASURY BILL	98.405	295,215.00	
12/30		30,155	6034	DUE 5/18/2006 5/18/2006 FIDELITY SPARTAN U S TREASURY MONEY MARKET	1	30,155.00	
12/30		26,060	78044	FIDELITY SPARTAN U S TREASURY MONEY MARKET	1		26,060.00
12/30		300,000	85619	U S TREASURY BILL DUE 4/06/2006	98.909	296,727.00	
12/30		300,000	90057	U S TREASURY BILL DUE 4/13/2006 4/13/2006 CONTINUED ON PAGE 5	98.824	296,472.00	

PLEASE RETAIN THIS STATEMENT FOR INCOME TAX PURPOSES



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New York ☐ London

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PERIOD ENDING
12/31/05

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5

YOUR TAX PAYER IDENTIFICATION NUMBER

DATE	BOUGHT RECEIVED ON LONG	SOLD DELIVERED ON SHORT	TIN	DESCRIPTION	PRICE OR SYMBOL	AMOUNT DEBITED TO YOUR ACCOUNT	AMOUNT CREDITED TO YOUR ACCOUNT
12/30	300,000		96622	U S TREASURY BILL DUE 5/11/2006 5/11/2006	98.489	295,467.00	
	30,155			NEW BALANCE			
	300,000			SECURITY POSITIONS FIDELITY SPARTAN U S TREASURY MONEY MARKET U S TREASURY BILL DUE 5/11/2006 5/11/2006	MKT PRICE }		
	300,000			U S TREASURY BILL DUE 5/18/2006 5/18/2006	98.405		
				MARKET VALUE OF SECURITIES LONG SHORT 620,837.00			
*11							

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TAMARAC FL 33321**

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PERIOD ENDING
12/31/05

PAGE
6

TOTAL TAX PAYABLE DEDUCTIONS NUMBER

SEE THIS STATEMENT FOR INCOME TAX PURPOSES

DATE	BOUGHT RECEIVED ON LONG	SOLD DELIVERED ON SHORT	TIN	DESCRIPTION	PRICE OR SYMBOL	AMOUNT DEBITED TO YOUR ACCOUNT	AMOUNT CREDITED TO YOUR ACCOUNT
				YEAR-TO-DATE SUMMARY DIVIDENDS GROSS PROCEEDS FROM SALES			5,678.33 5,586,428.56

Exhibit I

CLIENTS COPY

Department of the Treasury — Internal Revenue Service		Form 1040 U.S. Individual Income Tax Return 2006		(99) IRS Use Only — Do not write or staple in this space.																																											
For the year Jan 1 - Dec 31, 2006, or other tax year beginning , 2006, ending , 20		OMB No. 1545-0074		Your social security number																																											
Label (See instructions.) Use the IRS label. Otherwise, please print or type. Presidential Election Campaign	Your first name SYLVIA M Last name SAMUELS		Spouse's social security number																																												
	If a joint return, spouse's first name M Last name																																														
	Home address (number and street). If you have a P.O. box, see instructions. 7635 SOUTHAMPTON TERRACE Apartment no. 307		You must enter your social security number(s) above. ▲																																												
	City, town or post office. If you have a foreign address, see instructions. TAMARAC State FL ZIP code 33321		Checking a box below will not change your tax or refund.																																												
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? (see instructions) <input type="checkbox"/> You <input type="checkbox"/> Spouse																																															
Filing Status <table style="width:100%;"> <tr> <td style="width:50%;"> 1 <input checked="" type="checkbox"/> Single </td> <td style="width:50%;"> 4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here . </td> </tr> <tr> <td> 2 <input type="checkbox"/> Married filing jointly (even if only one had income) </td> <td></td> </tr> <tr> <td> 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above & full name here . </td> <td> 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions) </td> </tr> </table>						1 <input checked="" type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here .	2 <input type="checkbox"/> Married filing jointly (even if only one had income)		3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above & full name here .	5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions)																																				
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Exemptions <table style="width:100%;"> <tr> <td style="width:70%;"> 6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a </td> <td style="width:30%;"> Boxes checked on 6a and 6b 1 </td> </tr> <tr> <td> b <input type="checkbox"/> Spouse </td> <td> No. of children on 6c who: </td> </tr> <tr> <td> c Dependents: </td> <td> • lived with you </td> </tr> <tr> <td> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>(1) First name</th> <th>Last name</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see instrs)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> </td> <td> • did not live with you due to divorce or separation (see instrs) Dependents on 6c not entered above Add numbers on lines above 1 </td> </tr> <tr> <td colspan="2"> d Total number of exemptions claimed </td> <td> 1 </td> </tr> </table>						6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a	Boxes checked on 6a and 6b 1	b <input type="checkbox"/> Spouse	No. of children on 6c who:	c Dependents:	• lived with you	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>(1) First name</th> <th>Last name</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see instrs)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see instrs)																					• did not live with you due to divorce or separation (see instrs) Dependents on 6c not entered above Add numbers on lines above 1	d Total number of exemptions claimed		1						
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(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see instrs)																																											
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Income <table style="width:100%;"> <tr> <td style="width:70%;"> 7 Wages, salaries, tips, etc. Attach Form(s) W-2 </td> <td style="width:30%;"> 7 </td> </tr> <tr> <td> 8a Taxable interest. Attach Schedule B if required </td> <td> 8a 17. </td> </tr> <tr> <td> b Tax-exempt interest. Do not include on line 8a </td> <td> 8b </td> </tr> <tr> <td> 9a Ordinary dividends. Attach Schedule B if required </td> <td> 9a </td> </tr> <tr> <td> b Qualified dividends (see instrs) </td> <td> 9b </td> </tr> <tr> <td> 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) </td> <td> 10 </td> </tr> <tr> <td> 11 Alimony received </td> <td> 11 </td> </tr> <tr> <td> 12 Business income or (loss). Attach Schedule C or C-EZ </td> <td> 12 </td> </tr> <tr> <td> 13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here </td> <td> 13 -3,000. </td> </tr> <tr> <td> 14 Other gains or (losses). Attach Form 4797 </td> <td> 14 </td> </tr> <tr> <td> 15a IRA distributions </td> <td> 15a </td> </tr> <tr> <td> b Taxable amount (see instrs) </td> <td> 15b </td> </tr> <tr> <td> 16a Pensions and annuities </td> <td> 16a 7,104. </td> </tr> <tr> <td> b Taxable amount (see instrs) </td> <td> 16b 7,020. </td> </tr> <tr> <td> 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E </td> <td> 17 </td> </tr> <tr> <td> 18 Farm income or (loss). Attach Schedule F </td> <td> 18 </td> </tr> <tr> <td> 19 Unemployment compensation </td> <td> 19 </td> </tr> <tr> <td> 20a Social security benefits </td> <td> 20a 8,226. </td> </tr> <tr> <td> b Taxable amount (see instrs) </td> <td> 20b 0. </td> </tr> <tr> <td> 21 Other income </td> <td> 21 </td> </tr> <tr> <td> 22 Add the amounts in the far right column for lines 7 through 21. This is your total income. </td> <td> 22 4,037. </td> </tr> </table>						7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	8a Taxable interest. Attach Schedule B if required	8a 17.	b Tax-exempt interest. Do not include on line 8a	8b	9a Ordinary dividends. Attach Schedule B if required	9a	b Qualified dividends (see instrs)	9b	10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10	11 Alimony received	11	12 Business income or (loss). Attach Schedule C or C-EZ	12	13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here	13 -3,000.	14 Other gains or (losses). Attach Form 4797	14	15a IRA distributions	15a	b Taxable amount (see instrs)	15b	16a Pensions and annuities	16a 7,104.	b Taxable amount (see instrs)	16b 7,020.	17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	18 Farm income or (loss). Attach Schedule F	18	19 Unemployment compensation	19	20a Social security benefits	20a 8,226.	b Taxable amount (see instrs)	20b 0.	21 Other income	21	22 Add the amounts in the far right column for lines 7 through 21. This is your total income.	22 4,037.
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Form 1040 (2006)		SYLVIA M SAMUELS		Page 2	
		38	Amount from line 37 (adjusted gross income)	38	4,037..
Tax and Credits	39a Check if:	<input checked="" type="checkbox"/> You were born before January 2, 1942,	<input type="checkbox"/> Blind.	Total boxes checked	39a 1
		<input type="checkbox"/> Spouse was born before January 2, 1942,	<input type="checkbox"/> Blind.		39b
	b If your spouse itemizes on a separate return, or you were a dual-status alien, see instrs and ck here				
	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	6,400.	
	41	Subtract line 40 from line 38	41	-2,363.	
	42	If line 38 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina, see instructions. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d	42	3,300.	
	43	Taxable income. Subtract line 42 from line 41.	43	0.	
	44	Tax (see instrs). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	0.	
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	0.	
	46	Add lines 44 and 45	46	0.	
Standard Deduction for — • People who checked any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$5,150 Married filing jointly or Qualifying widow(er), \$10,300 Head of household, \$7,550	47	Foreign tax credit. Attach Form 1116 if required	47		
	48	Credit for child and dependent care expenses. Attach Form 2441	48		
	49	Credit for the elderly or the disabled. Attach Schedule R	49		
	50	Education credits. Attach Form 8863	50		
	51	Retirement savings contributions credit. Attach Form 8880	51		
	52	Residential energy credits. Attach Form 5695	52		
	53	Child tax credit (see instructions). Attach Form 8801 if required	53		
	54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8839 c <input type="checkbox"/> Form 8859	54		
	55	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input checked="" type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55	0.	
	56	Add lines 47 through 55. These are your total credits	56	0.	
Other Taxes	57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	0.	
	58	Self-employment tax. Attach Schedule SE	58		
	59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59		
	60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60		
	61	Advance earned income credit payments from Form(s) W-2, box 9	61		
	62	Household employment taxes. Attach Schedule H	62		
	63	Add lines 57-62. This is your total tax	63	0.	
	64	Federal income tax withheld from Forms W-2 and 1099	64		
	65	2006 estimated tax payments and amount applied from 2005 return	65		
	66a	Earned income credit (EIC)	66a		
Payments If you have a qualifying child, attach Schedule EIC.	66b	Nontaxable combat pay election	66b		
	67	Excess social security and tier 1 RRTA tax withheld (see instructions)	67		
	68	Additional child tax credit. Attach Form 8812	68		
	69	Amount paid with request for extension to file (see instructions)	69		
	70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70		
	71	Credit for federal telephone excise tax paid. Attach Form 8913 if required	71	30.	
	72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments	72	30.	
	73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73	30.	
	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here	74a	30.	
	74b	Routing number	74b		
Refund Direct deposit? See instructions and fill in 74b, 74c, and 74d or Form 8888.	74c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	74c		
	74d	Account number	74d		
	75	Amount of line 73 you want applied to your 2007 estimated tax	75		
	76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see instructions	76		
	77	Estimated tax penalty (see instructions)	77		
	Amount You Owe				
	Third Party Designee				
	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input checked="" type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No				
	Designee's name: Preparer Phone no. 04/12/2007 Personal identification number (PIN)				
	Sign Here				
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.					
Your signature: TEACHING ASST Date: 04/12/2007 Your occupation: TEACHING ASST Daytime phone number: FL 33313					
Spouse's signature, if a joint return, both must sign. Date: 04/12/2007 Spouse's occupation: FL 33313					
Preparer's SSN or PTIN: 58-2674722					
Paid Preparer's Use Only					
Preparer's signature: DiRocco & Company, CPA, PA Date: 04/12/2007 Check if self-employed <input type="checkbox"/>					
Firm's name (or yours if self-employed), address, and ZIP code: 6601 NW 14th Street, Suite 3 EIN: 58-2674722					
City, state, and ZIP code: Plantation FL 33313 Phone no.: (954) 358-4272					

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on Form 1040

SYLVIA M SAMUELS

Capital Gains and Losses

▶ Attach to Form 1040 or Form 1040NR. ▶ See instructions for Schedule D (Form 1040).
▶ Use Schedule D-1 to list additional transactions for lines 1 and 8.

OMB No. 1545-0074

2006

Attachment
Sequence No. **12**

Your social security number

Short-Term Capital Gains and Losses — Assets Held One Year or Less

(a) Description of property (Example: 100 shares XYZ Co)	(b) Date acquired (Mo, day, yr)	(c) Date sold (Mo, day, yr)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
1 ABBOTT LAB 190SH	01/13/06	03/27/06	8,375.	8,033.	342.
ABBOTT LABS 190SH	10/31/06	12/21/06	9,145.	9,095.	50.
ABBOTT LABS 190SH	07/13/06	09/25/06	9,341.	8,341.	1,000.
ABBOTT LABS 190SH	04/05/06	06/20/06	8,115.	8,077.	38.
ALTRIA GROUP 260SH	10/31/06	12/21/06	22,327.	21,304.	1,023.
2 Enter your short-term totals, if any, from Schedule D-1, line 2	2	6,532,942.			83,317.
3 Total short-term sales price amounts. Add lines 1 and 2 in column (d)	3	6,590,245.			
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824	4				
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	5				
6 Short-term capital loss carryover. Enter the amount, if any, from line 10 of your Capital Loss Carryover Worksheet in the instructions	6				-107,301.
7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f)	7				-21,531.

Long-Term Capital Gains and Losses — Assets Held More Than One Year

(a) Description of property (Example: 100 shares XYZ Co)	(b) Date acquired (Mo, day, yr)	(c) Date sold (Mo, day, yr)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
8					
9 Enter your long-term totals, if any, from Schedule D-1, line 9	9				
10 Total long-term sales price amounts. Add lines 8 and 9 in column (d)	10				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824	11				
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	12				
13 Capital gain distributions. See instrs	13				
14 Long-term capital loss carryover. Enter the amount, if any, from line 15 of your Capital Loss Carryover Worksheet in the instructions	14				
15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to Part III on page 2	15				

BAA For Paperwork Reduction Act Notice, see Form 1040 or Form 1040NR instructions.

Schedule D (Form 1040) 2006

Schedule D (Form 1040) 2006 SYLVIA M SAMUELS

Summary

<p>16 Combine lines 7 and 15 and enter the result. If line 16 is a loss, skip lines 17 through 20, and go to line 21. If a gain, enter the gain on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.</p>	<p>16</p>	<p>-21,531.</p>
<p>17 Are lines 15 and 16 both gains?</p> <p><input type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>18 Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions</p>	<p>18</p>	
<p>19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions</p>	<p>19</p>	
<p>20 Are lines 18 and 19 both zero or blank?</p> <p><input type="checkbox"/> Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040 (or in the instructions for Form 1040NR). Do not complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Schedule D Tax Worksheet in the instructions. Do not complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) 	<p>21</p>	<p>-3,000.</p>
<p>Note. When figuring which amount is smaller, treat both amounts as positive numbers.</p>		
<p>22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?</p> <p><input type="checkbox"/> Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040 (or in the instructions for Form 1040NR).</p> <p><input checked="" type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.</p>		

Schedule D (Form 1040) 2006

SCHEDULE D-1
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Continuation Sheet for Schedule D (Form 1040)

▶ See instructions for Schedule D (Form 1040).
▶ Attach to Schedule D to list additional transactions for lines 1 and 8.

OMB No. 1545-0074

2006

Attachment
Sequence No. 12A

Name(s) shown on return

Your social security number

SYLVIA M SAMUELS

Short-Term Capital Gains and Losses — Assets Held One Year or Less

(a) Description of property (Example: 100 shares XYZ Co)	(b) Date acquired (Mo, day, yr)	(c) Date sold (Mo, day, yr)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
1 ALTRIA GROUP 260SH	04/05/06	06/20/06	18,309.	18,564.	-255.
ALTRIA GROUP 260SH	01/13/06	03/27/06	19,094.	19,768.	-674.
ALTRIA GROUP 60SH	07/13/06	09/25/06	21,430.	20,288.	1,142.
AMER INTL GROUP 320SH	01/13/06	03/27/06	21,731.	22,294.	-563.
AMER INTL GROUP 330SH	07/13/06	09/25/06	21,635.	19,533.	2,102.
AMERICAN INTL GROUP 320SH	10/31/06	12/21/06	23,281.	21,452.	1,829.
AMERICAN INTL GROUP 320SH	04/05/06	06/20/06	19,107.	21,123.	-2,016.
AMEX 150SH	10/31/06	12/21/06	9,335.	8,541.	794.
AMEX 150SH	01/13/06	03/27/06	8,042.	8,037.	5.
AMEX 160SH	07/13/06	08/29/06	8,506.	8,360.	146.
AMEX 160SH	04/05/06	06/20/06	8,526.	8,336.	190.
AMGEN 150SH	01/13/06	03/27/06	10,887.	11,720.	-833.
AMGEN INC 150SH	07/13/06	09/25/06	10,607.	9,984.	623.
AMGEN INC 150SH	04/05/06	06/20/06	10,112.	10,905.	-793.
AMGEN INC 140SH	10/31/06	12/21/06	9,883.	10,505.	-622.
AT&T 480SH	10/31/06	12/21/06	17,170.	16,483.	687.
AT&T 480SH	04/05/06	06/20/06	13,118.	12,989.	129.
AT&T 480SH	01/13/06	03/27/06	12,912.	11,942.	970.
AT&T 490SH	07/13/06	09/25/06	15,470.	13,573.	1,897.
BANK OF AMERICA	10/31/06	12/21/06	30,044.	30,161.	-117.
BANK OF AMERICA 570SH	07/13/06	09/25/06	29,886.	27,981.	1,905.
BANK OF AMERICA 580SH	04/05/06	06/20/06	27,620.	26,413.	1,207.
BANK OF AMERICA 580SH	01/13/06	03/27/06	27,219.	26,801.	418.
See Additional Short-Term Sales			6,139,018.		75,146.
2 Totals. Add the amounts in column (d). Also, combine the amounts in column (f). Enter here and on Schedule D, line 2. ▶ 2			6,532,942.		83,317.

Form **8801****Credit for Prior Year Minimum Tax —
Individuals, Estates, and Trusts**

OMB No. 1545-1073

2006Attachment
Sequence No. **74**Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions. ▶ Attach to Form 1040, 1040NR, or 1041.

Name(s) shown on return

Identifying number

SYLVIA M SAMUELS**Net Minimum Tax on Exclusion Items**

1	Combine lines 1, 6, and 10 of your 2005 Form 6251. Estates and trusts, see instructions	1	-7,480.
2	Enter adjustments and preferences treated as exclusion items (see instructions)	2	2,775.
3	Minimum tax credit net operating loss deduction (see instructions)	3	
4	Combine lines 1, 2, and 3. If zero or less, enter -0- here and on line 15 and go to Part II. If more than \$191,000 and you were married filing separately for 2005, see instructions	4	0.
5	Enter: \$58,000 if married filing jointly or qualifying widow(er) for 2005; \$40,250 if single or head of household for 2005; or \$29,000 if married filing separately for 2005. Estates and trusts, enter \$22,500	5	
6	Enter: \$150,000 if married filing jointly or qualifying widow(er) for 2005; \$112,500 if single or head of household for 2005; or \$75,000 if married filing separately for 2005. Estates and trusts, enter \$75,000	6	
7	Subtract line 6 from line 4. If zero or less, enter -0- here and on line 8 and go to line 9	7	
8	Multiply line 7 by 25% (.25)	8	
9	Subtract line 8 from line 5. If zero or less, enter -0-. If this form is for a child under age 14, see instructions	9	
10	Subtract line 9 from line 4. If zero or less, enter -0- here and on line 15 and go to Part II. Form 1040NR filers, see instructions	10	
11	• If for 2005 you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b (Form 1041, line 2b(2)); or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (lines 14a and 15, column (2), of Schedule D (Form 1041)), complete Part III of Form 8801 and enter the amount from line 46 here. • All others: If line 10 is \$175,000 or less (\$87,500 or less if married filing separately for 2005), multiply line 10 by 26% (.26). Otherwise, multiply line 10 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately for 2005) from the result.	11	
12	Minimum tax foreign tax credit on exclusion items (see instructions)	12	
13	Tentative minimum tax on exclusion items. Subtract line 12 from line 11	13	
14	Enter the amount from your 2005 Form 6251, line 34, or 2005 Form 1041, Schedule I, line 55	14	
15	Net minimum tax on exclusion items. Subtract line 14 from line 13. If zero or less, enter -0-	15	0.

Minimum Tax Credit and Carryforward to 2007

16	Enter the amount from your 2005 Form 6251, line 35, or 2005 Form 1041, Schedule I, line 56	16	723.
17	Enter the amount from line 15 above	17	0.
18	Subtract line 17 from line 16. If less than zero, enter as a negative amount	18	723.
19	2005 minimum tax credit carryforward. Enter the amount from your 2005 Form 8801, line 26	19	
20	Enter the total of your 2005 unallowed nonconventional source fuel credit and 2005 unallowed qualified electric vehicle credit (see instructions)	20	
21	Combine lines 18, 19, and 20. If zero or less, stop here and see instructions	21	723.
22	Enter your 2006 regular income tax liability minus allowable credits (see instructions)	22	0.
23	Enter the amount from your 2005 Form 6251, line 33, or 2006 Form 1041, Schedule I, line 54	23	0.
24	Subtract line 23 from line 22. If zero or less, enter -0-	24	0.
25	Minimum tax credit. Enter the smaller of line 21 or line 24. Also enter this amount on your 2006 Form 1040, line 55; Form 1040NR, line 50; or Form 1041, Schedule G, line 2d	25	0.
26	Minimum tax credit carryforward to 2007. Subtract line 25 from line 21. Keep a record of this amount because you may use it in future years.	26	723.

Form 8801 (2006)

BAA For Paperwork Reduction Act Notice, see separate instructions.

Form 8801 (2006) SYLVIA M SAMUELS

Tax Computation Using Maximum Capital Gains Rates

Caution. If you did not complete the 2005 Qualified Dividends and Capital Gain Tax Worksheet, the 2005 Schedule D Tax Worksheet, or Part V of the 2005 Schedule D (Form 1041), see the instructions before completing this part.

27	Enter the amount from Form 8801, line 10		27
28	Enter the amount from line 6 of your 2005 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 13 of your 2005 Schedule D Tax Worksheet, or the amount from line 22 of the 2005 Schedule D (Form 1041), whichever applies.*	28	
If you figured your 2005 tax using the 2005 Qualified Dividends and Capital Gain Tax Worksheet, skip line 29 and enter the amount from line 28 on line 30. Otherwise, go to line 29.			
29	Enter the amount from line 19 of your 2005 Schedule D (Form 1040), or line 14b, column (2), of the 2005 Schedule D (Form 1041)	29	
30	Add lines 28 and 29, and enter the smaller of that result or the amount from line 10 of your 2005 Schedule D Tax Worksheet	30	
31	Enter the smaller of line 27 or line 30	31	
32	Subtract line 31 from line 27	32	
33	If line 32 is \$175,000 or less (\$87,500 or less if married filing separately for 2005), multiply line 32 by 26% (.26). Otherwise, multiply line 32 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately for 2005) from the result	33	
34	Enter:		
	• \$59,400 if married filing jointly or qualifying widow(er) for 2005,	34	
	• \$29,700 if single or married filing separately for 2005,		
	• \$39,800 if head of household for 2005, or		
	• \$2,000 for an estate or trust		
35	Enter the amount from line 7 of your 2005 Qualified Dividends and Capital Gain Tax Worksheet, the amount from line 14 of your 2005 Schedule D Tax Worksheet, or the amount from line 23 of the 2005 Schedule D (Form 1041), whichever applies. If you did not complete either worksheet or Part V of the 2005 Schedule D (Form 1041), enter -0-	35	
36	Subtract line 35 from line 34. If zero or less, enter -0-	36	
37	Enter the smaller of line 27 or line 28	37	
38	Enter the smaller of line 36 or line 37	38	
39	Multiply line 38 by 5% (.05)	39	
40	Subtract line 38 from line 37	40	
41	Multiply line 40 by 15% (.15)	41	
If line 29 is zero or blank, skip lines 42 and 43 and go to line 44. Otherwise, go to line 42.			
42	Subtract line 37 from line 31	42	
43	Multiply line 42 by 25% (.25)	43	
44	Add lines 33, 39, 41, and 43	44	
45	If line 27 is \$175,000 or less (\$87,500 or less if married filing separately for 2005), multiply line 27 by 26% (.26). Otherwise, multiply line 27 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately for 2005) from the result	45	
46	Enter the smaller of line 44 or line 45 here and on line 11	46	

* The 2005 Qualified Dividends and Capital Gain Tax Worksheet is in the 2005 Instructions for Form 1040. The 2005 Schedule D Tax Worksheet is in the 2005 Instructions for Schedule D (Form 1040) and 2005 Instructions for Form 1041.

Form **4868**

**Application for Automatic Extension of Time
To File U.S. Individual Income Tax Return**

OMB No. 1545-0074

2006

Department of the Treasury
Internal Revenue Service

For calendar year 2006, or other tax year beginning

, 2006, ending

Identification

Individual Income Tax

1 Your name(s) (see instructions)

4 Estimate of total tax liability
for 2006 \$ 0.

5 Total 2006 payments 30.

6 Balance due. Subtract line 5
from line 4 (see instructions) 0.

7 Amount you are paying
(see instructions) ▶

8 Check here if you are 'out of the country' and a
U.S. citizen or resident (see instructions) ☐

9 Check here if you file Form 1040NR or 1040NR-EZ and
did not receive wages as an employee subject to U.S.
income tax withholding ☐

SYLVIA M SAMUELS

Address (see instructions)

7635 SOUTHAMPTON TERRACE, Apt. 307

City, town or post office

State ZIP code

FL 33321

TAMARAC

2 Your social security number

3 Spouse's social security number

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form **4868** (2006)

▲ Detach Here ▲

Where To File Your Extension

Mail Form 4868 (with payment, if applicable) to the address listed below.

Internal Revenue Service Center
Atlanta, GA 39901

SYLVIA M SAMUELS

1

Schedule D-1

Additional Short-Term Sales

(a) Description of property	(b) Date acquired (mm,dd,yy)	(c) Date sold (mm,dd,yy)	(d) Sales price	(e) Cost or other basis	(f) Gain (loss) (e) from (d)
BOEING CO 100SH	04/05/06	06/20/06	8,340.	7,809.	531.
BOEING CO 10SH	07/13/06	08/29/06	7,688.	8,008.	-320.
CHEVRON 280SH	04/05/06	06/20/06	16,402.	16,214.	188.
CHEVRON 280SH	01/13/06	03/27/06	15,985.	16,461.	-476.
CHEVRON CORP 270SH	10/31/06	12/21/06	20,270.	18,259.	2,011.
CHEVRON CORP80SH	07/13/06	09/25/06	17,329.	17,763.	-434.
CISCO SYSTEMS 760SH	10/31/06	12/21/06	21,045.	18,354.	2,691.
CISCO SYSTEMS 760SH	04/05/06	06/20/06	15,253.	16,560.	-1,307.
CISCO SYSTEMS 770SH	01/13/06	03/27/06	16,486.	14,507.	1,979.
CISCO SYSTEMS 780SH	07/13/06	09/25/06	17,878.	14,882.	2,996.
CITI GROUP 620SH	07/13/06	09/25/06	30,976.	30,609.	367.
CITI GROUP 620SH	04/05/06	06/20/06	30,113.	29,326.	787.
CITI GROUP 630SH	01/13/06	03/27/06	30,076.	30,347.	-271.
CITIGROUP 610SH	10/31/06	12/21/06	33,270.	31,012.	2,258.
COCA COLA 250SH	10/31/06	12/21/06	12,238.	11,750.	488.
COCA COLA 260SH	07/13/06	09/25/06	11,573.	11,255.	318.
COCA COLA 260SH	04/05/06	06/20/06	11,149.	10,910.	239.
COCA COLA 260SH	01/13/06	03/27/06	11,128.	10,803.	325.
COMCAST CORP 250SH	10/31/06	12/21/06	10,775.	10,025.	750.
COMCAST CORP70SH	07/13/06	09/25/06	9,413.	8,670.	743.
DELL 290SH	04/05/06	06/20/06	7,276.	8,671.	-1,395.
DELL 290SH	01/13/06	03/27/06	8,816.	8,973.	-157.
EXXON MOBIL 730SH	10/31/06	12/21/06	56,035.	52,049.	3,986.
EXXON MOBIL 760SH	07/13/06	09/25/06	49,902.	47,751.	2,151.
EXXON MOBIL 760SH	04/05/06	06/20/06	44,916.	46,307.	-1,391.
EXXON MOBIL 770SH	01/13/06	03/27/06	47,209.	45,592.	1,617.

SYLVIA M SAMUELS

Continued

Schedule D-1

Additional Short-Term Sales

(a) Description of property	(b) Date acquired (mm,dd,yy)	(c) Date sold (mm,dd,yy)	(d) Sales price	(e) Cost or other basis	(f) Gain (loss) (e) from (d)
FIDELITY SPARTAN 12036SH	Various	02/21/06	12,036.	12,036.	0.
FIDELITY SPARTAN 12402SH	Various	11/20/06	12,402.	12,402.	0.
FIDELITY SPARTAN 12551SH	Various	02/28/06	12,551.	12,551.	0.
FIDELITY SPARTAN 13611SH	Various	03/10/06	13,611.	13,611.	0.
FIDELITY SPARTAN 13689SH	Various	03/16/05	13,689.	13,689.	0.
FIDELITY SPARTAN 14912SH	Various	07/31/06	14,912.	14,912.	0.
FIDELITY SPARTAN 15402SH	Various	08/17/06	15,402.	15,402.	0.
FIDELITY SPARTAN 1552SH	Various	08/28/06	1,552.	1,552.	0.
FIDELITY SPARTAN 17922SH	Various	09/15/06	17,922.	17,922.	0.
FIDELITY SPARTAN 30155SH	Various	01/13/06	30,155.	30,155.	0.
FIDELITY SPARTAN 36719SH	Various	04/28/06	36,719.	36,719.	0.
FIDELITY SPARTAN 36798SH	Various	05/10/06	36,798.	36,798.	0.
FIDELITY SPARTAN 36824SH	Various	06/30/06	36,824.	36,824.	0.
FIDELITY SPARTAN 36955SH	Various	04/21/05	36,955.	36,955.	0.
FIDELITY SPARTAN 37542SH	12/21/06	12/29/06	37,542.	37,053.	489.
FIDELITY SPARTAN 39169SH	Various	01/31/06	39,169.	39,169.	0.
FIDELITY SPARTAN 41108SH	Various	02/21/06	41,108.	41,108.	0.
FIDELITY SPARTAN 50526SH	Various	07/21/06	50,526.	50,526.	0.
FIDELITY SPARTAN 52015SH	Various	05/31/06	52,015.	52,015.	0.
FIDELITY SPARTAN 54709SH	Various	03/31/06	54,709.	54,709.	0.
FIDELITY SPARTAN 6084SH	Various	07/13/06	6,084.	6,084.	0.
FIDELITY SPARTAN 6529SH	Various	04/05/06	6,529.	6,529.	0.
FIDELITY SPARTAN11947SH	Various	10/31/06	11,947.	11,947.	0.
FIDELITY SPARTAN6571SH	Various	10/31/06	56,571.	56,571.	0.
FIDELITY SPARTAN 162SH	Various	11/30/06	162.	162.	0.
FIDELITY SPARTAN 24821SH	Various	11/27/06	24,821.	24,821.	0.

SYLVIA M SAMUELS

Continued

Schedule D-1

Additional Short-Term Sales

(a) Description of property	(b) Date acquired (mm,dd,yy)	(c) Date sold (mm,dd,yy)	(d) Sales price	(e) Cost or other basis	(f) Gain (loss) (e) from (d)
GE 1300SH	04/05/06	06/20/06	44,200.	45,214.	-1,014.
GE 1310SH	01/13/06	03/27/06	45,182.	46,073.	-891.
GENERAL ELECTRIC 1270SH	10/31/06	12/21/06	47,740.	45,249.	2,491.
GENERAL ELECTRIC 1320SH	07/13/06	09/25/06	46,016.	43,824.	2,192.
GOLDMAN SACHS 50SH	04/05/06	06/20/06	7,066.	7,835.	-769.
GOLDMAN SACHS GROUP 50SH	10/31/06	12/21/06	10,083.	9,437.	646.
GOLDMAN SACHS GROUP 50SH	07/13/06	08/29/06	7,640.	7,453.	187.
HEWLETT PACKARD 340SH	10/30/06	12/21/06	13,594.	13,303.	291.
HEWLETT PACKARD 350SH	04/05/06	06/20/06	10,714.	11,410.	-696.
HEWLETT PACKARD 360SH	07/13/06	09/25/06	13,227.	11,596.	1,631.
HEWLETT PACKARD 360SH	01/13/06	03/27/06	12,020.	10,872.	1,148.
HOME DEPOT 250SH	10/31/06	12/21/06	10,010.	9,195.	815.
HOME DEPOT 260SH	07/13/06	09/25/06	9,428.	9,162.	266.
HOME DEPOT 260SH	04/05/06	06/20/06	9,630.	11,042.	-1,412.
HOME DEPOT 260SH	01/13/06	03/27/06	11,274.	10,681.	593.
IBM 190SH	04/05/06	06/20/06	14,780.	15,732.	-952.
IBM 190SH	10/31/06	12/21/06	18,195.	17,413.	782.
IBM 200SH	07/13/06	09/25/06	16,454.	15,222.	1,232.
IBM 200SH	01/13/06	03/27/06	16,906.	16,638.	268.
INTEL 730SH	04/05/06	06/20/06	13,067.	14,199.	-1,132.
INTEL 750SH	01/13/06	03/27/06	14,978.	19,605.	-4,627.
INTEL CORP 710SH	10/31/06	12/21/06	14,953.	15,449.	-496.
INTEL CORP 750SH	07/13/06	09/25/06	14,670.	13,733.	937.
JOHNSON & JOHNSON 360SH	10/31/06	12/21/06	24,027.	24,732.	-705.
JOHNSON & JOHNSON 370SH	07/13/06	09/25/06	23,796.	22,478.	1,318.
JOHNSON & JOHNSON 370SH	04/05/06	06/20/06	22,622.	21,893.	729.

SYLVIA M SAMUELS

Continued

Schedule D-1

Additional Short-Term Sales

(a) Description of property	(b) Date acquired (mm,dd,yy)	(c) Date sold (mm,dd,yy)	(d) Sales price	(e) Cost or other basis	(f) Gain (loss) (e) from (d)
JOHNSON & JOHNSON 370SH	01/13/06	03/27/06	22,559.	23,144.	-585.
JP MORGAN CHASE 420SH	10/31/06	12/21/06	20,316.	19,907.	409.
JP MORGAN CHASE 430SH	04/05/06	06/20/06	17,290.	17,918.	-628.
JP MORGAN CHASE 440SH	07/13/06	09/25/06	20,857.	18,718.	2,139.
JP MORGAN CHASE 440SH	01/13/06	03/27/06	18,506.	17,736.	770.
MEDTRONIC 150SH	04/05/06	06/20/06	7,569.	7,631.	-62.
MEDTRONIC 150SH	01/13/06	03/27/06	8,072.	8,729.	-657.
MERCK & CO 270SH	07/13/06	09/25/06	11,268.	10,020.	1,248.
MERCK & CO 270SH	04/05/06	06/20/06	9,104.	9,561.	-457.
MERCK & CO 270SH	01/13/06	03/27/06	9,788.	8,994.	794.
MERCK 270SH	10/31/06	12/21/06	11,870.	12,422.	-552.
MERRILL LYNCH 110SH	10/31/06	12/21/06	10,112.	9,459.	653.
MERRILL LYNCH 110SH	04/05/06	06/20/06	7,362.	8,637.	-1,275.
MERRILL LYNCH 110SH	01/13/06	03/27/06	8,525.	7,630.	895.
MERRILL LYNCH 120SH	07/13/06	09/25/06	9,332.	8,556.	776.
MICROSOFT 1060SH	10/31/06	12/21/06	31,875.	29,945.	1,930.
MICROSOFT 1100SH	07/13/06	09/25/06	29,821.	25,795.	4,026.
MICROSOFT 1100SH	04/05/06	06/20/06	24,222.	30,019.	-5,797.
MICROSOFT 1140SH	01/13/06	03/27/06	30,940.	30,370.	570.
MORGAN STANLEY 130SH	10/31/06	12/21/06	10,476.	10,051.	425.
MORGAN STANLEY 130SH	04/13/06	09/25/06	9,537.	8,362.	1,175.
MORGAN STANLEY 130SH	04/05/06	06/20/06	7,355.	8,245.	-890.
MORGAN STANLEY 130SH	01/13/06	03/27/06	8,060.	7,628.	432.
ORACLE CORP 500SH	10/31/06	12/21/06	9,006.	9,315.	-309.
PEPSICO 210SH	07/13/06	09/25/06	13,667.	12,736.	931.
PEPSICO 210SH	01/13/06	03/27/06	12,566.	12,409.	157.

SYLVIA-M SAMUELS

Continued

Schedule D-1

Additional Short-Term Sales

(a) Description of property	(b) Date acquired (mm,dd,yy)	(c) Date sold (mm,dd,yy)	(d) Sales price	(e) Cost or other basis	(f) Gain (loss) (e) from (d)
PEPSICO INC 200SH	10/31/06	12/21/06	12,634.	12,700.	-66.
PEPSICO INC 210SH	04/05/06	06/20/06	12,367.	12,167.	200.
PFIZER 900SH	10/31/06	12/21/06	23,247.	24,489.	-1,242.
PFIZER 910SH	04/05/06	06/20/06	21,357.	22,777.	-1,420.
PFIZER 920SH	07/13/06	09/25/06	26,009.	21,933.	4,076.
PFIZER 920SH	01/13/06	03/27/06	24,315.	22,614.	1,701.
PROCTOR & GAMBLE 300SH	10/31/06	12/21/06	24,992.	24,624.	368.
PROCTOR & GAMBLE 410SH	07/13/06	09/25/06	25,109.	23,247.	1,862.
PROCTOR & GAMBLE 410SH	04/05/06	06/20/06	22,554.	23,632.	-1,078.
PROCTOR & GAMBLE 420SH	01/13/06	03/27/06	24,948.	24,654.	294.
SCHLUMBERGER 140SH	10/31/06	12/21/06	9,375.	8,997.	378.
SCHLUMBERGER 140SH	04/05/06	06/20/06	8,007.	8,869.	-862.
SCHLUMBERGER 150SH	07/13/06	09/25/06	8,705.	9,435.	-730.
SCHLUMBERGER 70SH	01/13/06	03/27/06	8,568.	7,456.	1,112.
SPRINT NEXTEL 370SH	01/13/06	05/19/06	9,146.	8,510.	636.
SPRINT NEXTEL 370SH	01/13/06	03/27/06	9,664.	8,510.	1,154.
THE WALT DISNEY CO 270SH	07/13/06	09/25/06	8,347.	8,146.	201.
TIME WARNER 500SH	10/31/06	12/21/06	10,835.	10,010.	825.
TIME WARNER 540SH	07/13/06	09/25/06	9,397.	9,050.	347.
TIME WARNER 560SH	04/05/06	06/20/06	9,537.	9,408.	129.
TIME WARNER 580SH	01/13/06	03/27/06	9,924.	10,133.	-209.
TREASURY BILL 25000SH	Various	03/10/06	24,918.	24,676.	242.
TREASURY BILL 25000SH	Various	03/16/06	24,872.	24,676.	196.
TREASURY BILL 275000SH	Various	04/05/06	273,752.	270,845.	2,907.
TREASURY BILL 275000SH	Various	04/05/06	273,507.	270,845.	2,662.
TREASURY BILL 300000SH	12/16/05	01/13/06	295,851.	296,115.	-264.

SYLVIA M SAMUELS

Continued

Schedule D-1

Additional Short-Term Sales

(a) Description of property	(b) Date acquired (mm,dd,yy)	(c) Date sold (mm,dd,yy)	(d) Sales price	(e) Cost or other basis	(f) Gain (loss) (e) from (d)
TREASURY BILL 300000SH	12/16/05	01/13/06	295,593.	296,382.	-789.
TREASURY BILL 75000SH	Various	04/05/06	74,724.	74,159.	565.
TYCO INTL 250SH	01/13/06	03/27/06	6,793.	7,673.	-880.
UNITED PARCEL 130SH	10/31/06	12/21/06	9,957.	9,811.	146.
UNITED PARCEL 140SH	07/13/06	09/25/06	10,237.	11,360.	-1,123.
UNITED TECHNOLOGIES 120SH	10/31/06	12/21/06	7,485.	7,809.	-324.
UPS 140SH	04/05/06	06/20/06	10,949.	11,131.	-182.
UPS 140SH	01/13/06	03/27/06	11,037.	10,640.	397.
US TREASURY BILL 275000	Various	06/30/06	274,577.	273,394.	1,183.
US TREASURY BILL 300000SH	06/30/06	07/13/06	299,463.	299,013.	450.
US TREASURY BILL 325000SH	06/30/06	07/13/06	324,714.	324,223.	491.
US TREASURY BILL 50000SH	07/21/06	09/15/06	49,686.	49,084.	602.
US TREASURY BILL 50000SH	07/21/06	08/17/06	49,281.	47,084.	2,197.
US TREASURY BILL 600000SH	09/29/06	10/31/06	595,782.	593,418.	2,364.
US TREASURY BILL 625000SH	12/21/06	12/29/06	619,788.	594,378.	25,410.
VERIZON COMM 360SH	10/31/06	11/21/06	12,928.	13,802.	-874.
VERIZON COMM 360SH	04/05/06	06/20/06	11,484.	12,337.	-853.
VERIZON COMM 360SH	01/13/06	03/27/06	12,535.	11,416.	1,119.
VERIZON COMM 370SH	07/13/06	09/25/06	13,365.	12,192.	1,173.
WACHOVIA CORPORATION 240SH	10/31/06	12/21/06	13,774.	13,348.	426.
WAL-MART STORES 300SH	10/31/06	12/21/06	13,980.	15,240.	-1,260.
WAL-MART STORES 310SH	07/13/06	09/25/06	15,091.	14,325.	766.
WAL-MART STORES 310SH	04/05/06	06/20/06	14,836.	14,694.	142.
WAL-MART STORES 310SH	01/13/06	03/27/06	14,917.	14,108.	809.
WELLS FARGO 210SH	04/05/06	06/20/06	13,994.	13,442.	552.
WELLS FARGO 210SH	01/13/06	03/27/06	13,736.	13,232.	504.

SYLVIA M SAMUELS

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Continued

Schedule D-1

Additional Short-Term Sales

(a) Description of property	(b) Date acquired (mm,dd,yy)	(c) Date sold (mm,dd,yy)	(d) Sales price	(e) Cost or other basis	(f) Gain (loss) (e) from (d)
WELLS FARGO 410SH					
	10/31/06	12/21/06	14,642.	14,858.	-216.
WELLS FARGO 420SH					
	07/13/06	09/25/06	15,154.	14,335.	819.
Total			<u>6,139,018.</u>		<u>75,146.</u>



BERNARD L. MADOFF
INVESTMENT SECURITIES LLC
New York ☐ London

7635 SOUTHAMPTON TERRACE #307
TAMARAC FL 33321

885 Third Avenue
New York, NY 10022
(212) 230-2424
800 334-1343
Fax (212) 839-4061

Affiliated with
Maddoff Securities International Limited
12 Berkeley Street
Mayfair, London W1J 8DT
Tel 020 7493 6222

1-800-494-3-D

12/31/06

1

DATE	RECEIVED ON	TO ORDER	AMOUNT	TO YOUR ACCOUNT
12/01		BALANCE FORWARD	21,150.00	
12/01		CHECK		71.00
12/01		INTEL CORP		
12/01		DIV 12/07/06 12/01/06		
12/01		WELLS FARGO & CO NEW		114.80
12/01		DIV 11/03/06 12/01/06		
12/01		PRITEX INC		216.00
12/01		DIV 11/30/06 12/05/06		
12/01		CHEYRON CORP		140.40
12/01		DIV 11/27/06 12/11/06		
12/01		EXXON MOBIL CORP		233.60
12/01		DIV 11/13/06 12/11/06		
12/01		INTERNATIONAL BUSINESS MACHS		57.00
12/01		DIV 11/10/06 12/09/06		
12/01		UNITED TECHNOLOGIES CORP		31.80
12/01		DIV 11/17/06 12/10/06		
12/01		JOHNSON & JOHNSON		135.00
12/01		DIV 11/28/06 12/12/06		
12/01		HOMER DERBY INC		56.25
12/01		DIV 11/30/06 12/14/06		
12/01		MICROSOFT CORP		106.00
12/01		DIV 11/28/06 12/14/06		
12/01		AMERISOURCE PHARMACEUTICALS INC		52.80
12/01		DIV 12/01/06 12/15/06		

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BERNARD L. MADOFF
INVESTMENT SECURITIES LLC
New York ☐ London

SYLVIA SAMUELS

7635 SOUTHAMPTON TERRACE #307
TAMARAC FL 33321

885 Third Avenue
New York, NY 10022
(212) 230-2424
800 334-1343
Fax (212) 838-4061

Signature needed
12/31/06

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Affiliated with
Madoff Securities International Limited
12 Berkeley Street
Mayfair, London W1J 8BT
Tel 020 7493 6222

DATE	BUY/SELL RECEIVED ON DATE	QUANTITY DELIVERED ON ACCOUNT	TICKER	DESCRIPTION	PRICE PAID	MARKET VALUE	MARKET VALUE AT 12/31/06
12/15				COCA COLA CO			77.50
12/15				DIV 12/01/06 12/15/06			27.50
12/15				TIME WARNER INC			134.40
12/15				DIV 11/30/06 12/15/06			
12/15				MACHOVIA CORP NEW			
12/21		390	717	DIV 11/30/06 12/15/06			
12/21		630	2967	BRIDGEMAN GROUP INC			
12/21		140	4967	SCHLUMBERGER LTD			
12/21		250	7217	CONCAST CORP			
12/21		480	9217	AVENUE INC			
12/21		760	11467	CISCO SYSTEMS INC			
12/21		500	13467	TIME WARNER INC			
12/21		270	15717	CHEVRON CORP			
12/21		130	17717	UNITED PARCEL SVC INC			
12/21				CLASS B			
12/21		1,270	19967	GENERAL ELECTRIC CO			
12/21		120	21917	UNITED TECHNOLOGIES CORP			
12/21		50	25117	BOEING CO			
12/21		240	26149	MACHOVIA CORP NEW			
12/21		250	28467	HOME DEPOT INC			
12/21		410	30957	WAL-MART STORES INC			
12/21		340	32717	WAL-MART STORES INC			
12/21		300	34649	WAL-MART STORES INC			

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New York London

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**7635 SOUTHAMPTON TERRACE #307
TAMARAC FL 33321**

885 Third Avenue
New York, NY 10022
(212) 230-2424
800 334-1343
Fax (212) 838-4061

Affiliated with
Madoff Securities International Limited
12 Berkeley Street
Mayfair, London W1J 8BT
Tel 020 7593 4222

1-50494-3-0

12/31/06

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DATE	BOUGHT RECEIVED ON LONG	SAID DELIVERED ON LONG	PRICE	DESCRIPTION	PRICE PAID	AMOUNT PAID TO YOUR ACCOUNT	AMOUNT CREDITED TO YOUR ACCOUNT
12/21		190	36967	INTERNATIONAL BUSINESS MACHS	95.800		18,195.00
12/21		730	38899	EXXON MOBIL CORP	76.800		56,035.00
12/21		710	41217	INTEL CORP	21.100		14,953.00
12/21		360	45467	JOHNSON & JOHNSON	66.780		24,026.80
12/21		420	49716	J.P. MORGAN CHASE & CO	48.410		20,316.20
12/21		250	53966	CDCA COLA CO	48.990		12,237.50
12/21		110	58215	MERCK & CO	52.960		10,111.60
12/21		260	62466	ALTRIA GROUP INC	23.910		22,326.60
12/21		270	66716	MERCK & CO	44		11,870.00
12/21		130	70966	MORGAN STANLEY	80.620		10,475.60
12/21		1060	75215	AMGEN INC	90.210		31,874.60
12/21		190	81763	AMGEN INC	48.170		9,145.30
12/21		320	86006	AMERICAN INTL GROUP INC	72.790		23,280.90
12/21		500	87966	ORACLE CORPORATION	18.050		9,005.00
12/21		140	90216	AMGEN INC	108.590		9,883.20
12/21		200	92216	PERSICO INC	63.210		12,634.00
12/21		150	94472	AMERICAN EXPRESS COMPANY	62.270		9,334.50
12/21		900	96466	PEIZER INC	25.870		23,247.00
12/21		900	98716	BANK OF AMERICA	52.490		30,044.40
12/21		560	43285	U.S. TREASURY BILL DUE 3/01/2007	90.063	594,378.06	
12/21	37,053		47530	FIDELITY SPATIAL U.S. TREASURY MONEY MARKET BANK OF AMERICA DIX 12/01/06 12/22/06 CONTINUED ON MACHS	DIV	37,053.00	313.60

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SYLVIA SAMUELS

7635 SOUTHAMPTON TERRACE #307
TAMARAC FL 33321

895 Third Avenue
New York, NY 10022
(212) 230-2424
800 334-1343
Fax (212) 838-4061

Affiliated with
Madoff Securities International Limited
12 Berkeley Street
Mayfair, London W1J 8DT
Tel 020 7693 6222

STANDARD ACCOUNT NUMBER
1-50694-3-0

PERIOD ENDING
12/31/06

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YOUR TAX PAYER IDENTIFICATION NUMBER

DATE	BOUGHT RECEIVED ON LINE	SALES DELIVERED ON LINE	TIN	DESCRIPTION	DIV	AMOUNT DEBITED TO YOUR ACCOUNT	AMOUNT CREDITED TO YOUR ACCOUNT
12/29				FIDELITY SPARTAN U S TREASURY MONEY MARKET DIV 12/29/06 TRANS FROM 40 ACCT U S TREASURY BILL DUE 4/5/2007	JRNL 98.682		39.50
12/29	325,000		3481	FIDELITY SPARTAN U S TREASURY MONEY MARKET DIV 12/29/06 TRANS FROM 40 ACCT U S TREASURY BILL DUE 4/5/2007		320,716.50	12,590.00
12/29	17,385		8152	FIDELITY SPARTAN U S TREASURY MONEY MARKET DIV 12/29/06 TRANS FROM 40 ACCT U S TREASURY BILL DUE 4/5/2007		17,385.00	
12/29		37,542	84820	FIDELITY SPARTAN U S TREASURY MONEY MARKET DIV 12/29/06 TRANS FROM 40 ACCT U S TREASURY BILL DUE 4/5/2007			37,542.00
12/29		625,000	90119	FIDELITY SPARTAN U S TREASURY MONEY MARKET DIV 12/29/06 TRANS FROM 40 ACCT U S TREASURY BILL DUE 4/5/2007			619,787.50
12/29	325,000		99009	U S TREASURY BILL DUE 3/29/2007		321,035.00	
	17,385			NEW BALANCE SECURITY POSITIONS FIDELITY SPARTAN U S TREASURY MONEY MARKET DIV 12/29/06 TRANS FROM 40 ACCT U S TREASURY BILL DUE 4/5/2007	MKT PRICE 1		
	325,000			U S TREASURY BILL DUE 3/29/2007		58,760	

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 New York ☐ London

SYLVIA SAMUELS

**7635 SOUTHAMPTON TERRACE #307
 TAMARAC FL 33321**

885 Third Avenue
 New York, NY 10022
 (212) 230-2424
 800 334-1343
 Fax (212) 838-4061

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Arthur with
 Madoff Securities International Limited
 12 Berkeley Street
 Mayfair, London W1J 8DT
 Tel 020 7693 6222

DATE	BUY/SELL RECEIVED ON/PAID	SPOT DELIVERED ON/PAID	IN CURRENCY	DESCRIPTION DATE 4/05/2007	MARKET VALUE OF SECURITIES LONG SHORT	98-682	AMOUNT DEBITED TO YOUR ACCOUNT	AMOUNT CREDITED TO YOUR ACCOUNT
	325,000			U S TREASURY BILL DUE 4/5/2007 4/05/2007	659,136.50			

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 INVESTMENT SECURITIES LLC
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SYLVIA SAMUELS

**7635 SOUTHAMPTON TERRACE #307
 TAMARAC FL 33321**

895 Third Avenue
 New York, NY 10022
 (212) 230-2424
 800 334-1343
 Fax (212) 838-4061

Affiliated with
 Madoff Securities International Limited
 12 Berkeley Street
 Mayfair, London W1J 8DT
 Tel 020 7693 6222

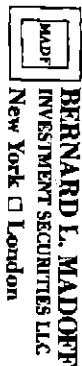
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12/31/06

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DATE	BOUGHT RECEIVED OR PAID	PAID RECEIVED OR PAID	IN DIVIDENDS	YEAR-TO-DATE SUMMARY	DATE OF RECEIPT	DATE OF RECEIPT	AMOUNT CREDITED TO YOUR ACCOUNT
				DEIVIDENDS GROSS PROCEEDS FROM SALES			12,262.54 5,917,537.00

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BERNARD L. MADOFF
INVESTMENT SECURITIES LLC
New York ☐ London

885 Third Avenue
New York, NY 10022
(212) 230-2424
800 334-1343
Fax (212) 838-4061

Associated with
Madoff Securities International Limited
12 Berkeley Street
Mayfair, London W1J 8DT
Tel 020 7693 6222

SYLVIA SAMUELS

**7635 SOUTHAMPTON TERRACE #307
TAMARAC FL 33321**

Global Account Number
1-50494-4-0

Account Opening
12/31/06

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DATE	BOUGHT RECEIVED ON LONG	SOLD DELIVERED ON SHORT	PRICE	DESCRIPTION	PRICE ON 12/31/06	AMOUNT CREDITED TO YOUR ACCOUNT	AMOUNT CREDITED TO YOUR ACCOUNT
12/18		10	64018	BALANCE FORWARD	6-600		21,150.00
12/18	10		68456	S E P 100 INDEX JANUARY 660 CALL	2,700	2,710.00	6,590.00
12/18	10		72494	DECEMBER 655 CALL S E P 100 INDEX	5	5,010.00	
12/18		10	77332	JANUARY 650 PUT S E P 100 INDEX	-300		290.00
12/21	10		79456	DECEMBER 645 PUT S E P 100 INDEX	10,500	10,510.00	
12/21		10	83716	JANUARY 660 CALL S E P 100 INDEX	2,800		2,790.00
12/29				JANUARY 650 PUT TRANS TO 30 ACCT NEW BALANCE	JRNL	12,590.00	

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